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Gender differences in coping responses for partners of problem drinkers

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Gender differences in coping responses for partners of problem drinkers

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Abstract

This thesis is compiled in two parts. Each part is an independent piece of work intended for separate publication. Consequently each part has separate page numbering. The first part is a literature review with relevant appendices attached. The second part is a research report incorporating the collection and analysis of data. This research report also has its own appendices. A general appendices section at the end of the thesis supplies documentation not included in either the literature review or the study. The literature review is to be submitted to the Clinical Psychology Review, and the research report to the Journal of Family Psychology. Each of these journals require American Psychological Association (APA) formatting and American spelling, which have therefore been adopted throughout both pieces of work. For further information concerning the required formatting for submissions to the Clinical Psychology Review, please refer to "Instructions to Authors" in appendix G of the general appendices at the end of the thesis. For further information concerning the required formatting for submissions to the Journal of Family Psychology, please refer to "Instructions to Authors" in appendix H of the general appendices at the end of the thesis.

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;*
- (ii) contain any material previously published or written by another person except where due reference is made in the text; or*
- (iii) contain any defamatory material.*

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RUNNING HEAD: COPING IN PARTNERS OF PROBLEM DRINKERS

Coping in partners of problem drinkers: a critical review

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Abstract

The purpose of this review was to synthesize current research in order to assist efforts at formulating an integrated framework of knowledge regarding coping in partners of problem drinkers. Such a framework would ultimately be used to direct clinicians in developing interventions and support services for partners of problem drinkers. The two main theoretical perspectives in the literature, the disturbed personality hypothesis and the stress/coping paradigm, were examined with regard to their usefulness in formulating an empirically based theoretical framework to direct clinical practice in this area. Our current understanding of coping behavior in partners of problem drinkers is limited due to the difficulties inherent in measuring and assessing coping. For example, coping responses are difficult to meaningfully categorize. Each coping response can serve more than one purpose and considerable overlap between categories results. Another limitation of the current literature is the fact that most of the studies have used participants from a limited demographic spectrum. In particular research has focused on female partners of male problem drinkers, and there are few data regarding coping in male partners of female problem drinkers or coping among same sex couples.

Coping in Partners of Problem Drinkers: A Critical Review

Until the 1980s partners of problem drinkers were of interest largely in terms of their contribution to the problem drinking behavior (for a review see Edwards, Harvey, & Whitehead, 1973) or in their usefulness in the rehabilitation of the problem drinker (e. g., Orford, Guthrie, Nicholls, Oppenheimer, Egert, & Hensman, 1975; Paolino & McCrady, 1976; Schaffer & Tyler, 1979; Wright & Scott, 1978). The 1980s and 1990s saw an increasing interest in partners of problem drinkers in their own right (e. g., Burnett, 1984; Holmila, 1994; Love, Longabaugh, Clifford, Beattie, & Peaslee, 1993; Orford, 1992, 1994; Rychtarik, Carstensen, Alford, Schlundt, & Scott, 1988; Rychtarik & McGillicuddy, 1997; Watts, Bush & Wilson, 1994).

The purpose of the current review of the literature on coping in partners of problem drinkers is to develop an integrated framework of knowledge that can be used to guide clinical practice in the area. Clinicians remain largely reliant upon anecdotal evidence and clinical data regarding partners of problem drinkers. Interventions and supports based upon empirical validation within a well-recognized theoretical framework need to be developed. These interventions and supports should apply to partners of problem drinkers representing a broad range of demographic factors. In providing direction for such an endeavor the broad aims of this review are to identify and discuss the problems encountered by partners of problem drinkers, and how partners cope with these problems. In doing so a critical evaluation of the relevant coping literature as well as literature specific to the area of partners of problem drinkers is undertaken. An examination of the impact of problem drinking on partners concludes that they are in need of assistance in coping with a very difficult situation. Theoretical and empirical

concerns are discussed in order to assist in the conceptualization of a framework to systematically direct clinical practice. Two theoretical perspectives, the disturbed personality hypothesis and the stress/coping paradigm, are examined for their potential contributions to our understanding of coping processes in partners of problem drinkers. The disturbed personality hypothesis subsumes the popular notion of codependency that emerged in the 1970s from the Alanon movement and resulted in an unsubstantiated clinical folklore. The stress/coping paradigm is more closely associated with mainstream psychological models (e. g., social learning theory).

Despite the recent growth of research into the significant others of problem drinkers, the findings need to be integrated into a coherent and systematized approach to clinical work in the field. Even though self-help groups (e.g., Alanon) are available for partners and relatives of problem drinkers, Rychtarik et al. (1988) pointed out that these groups lack systematic assessment, intervention and evaluation. In criticizing the fragmented nature of clinical intervention for partners of problem drinkers, Rychtarik et al. stated that "systematic assessment and experimental evaluation of interventions specifically for spouses of alcoholics have lagged far behind theoretical conceptualizations and traditional clinical practice" (p. 67). They emphasized the need for an integrated treatment approach for coping skill deficits and developed the Spouse Situation Inventory (SSI) in an attempt to identify and assess the coping skills of female partners of male problem drinkers.

Rychtarik (1990) argued that flaws in methodology plague the existing coping assessment techniques. Specifically he pointed out that frequency measures of coping responses are problematic in that there exists a high level of interdependence between

drinking behavior and the number of times a coping response is employed. High frequency use of a particular coping response can reflect not only the coping style of the partner but also the frequency with which he/she experiences a certain situation. The frequency of a coping response is likely to be positively correlated with the frequency of the problem drinking. Rychtarik pointed to the need for empirical data based upon sound methodology in order to assess coping in partners of problem drinkers. Methodological concerns are critical, as it is not possible to systematically evaluate coping skills interventions if we don't know how to measure and assess alcohol-related coping.

Impact of Problem Drinking on Partners

Research to date on partners of problem drinkers is of twofold interest. First, partners of problem drinkers can assist in the prevention and treatment of problem drinking. After reviewing the literature and summarizing their own research efforts in this area, Cronkite, Finney, Nekich and Moos (1990) concluded that better-functioning, abstinent spouses provide an important source of social support for problem drinkers in their efforts to change their behavior. Second, partners of problem drinkers themselves experience chronic stress in the face of the problem drinking and are in need of support to cope with this very difficult situation. Coping skills of partners might predict functioning both for themselves and the problem drinker. Partners who cope effectively might also prompt the problem drinker to seek help more quickly, handle relapse better and maintain positive changes (Cronkite et al., 1990). Cronkite et al. speculated that how partners adapt to the problem drinking depends on their prior functioning, coping responses, and the quality of the family environment. Further research is necessary in order to establish the specific determinants of effective adaptation to a problem drinking partner.

Orford (1990) conducted an extensive review of the literature pertaining to alcohol and the family. He concluded that the negative effects of problem drinking on marital relationships seem to be universal and include problems with loss of work, money, violence and other legal issues. Despite that extensive review Orford later noted that the impact of problem drinking upon the lives of significant others had received scant attention in psychological research (Orford, 1992). Since the time of Orford's claim there has been a growing body of research on the impact of substance misuse on family life (e.g., Barber & Crisp, 1994; Orford, 1994; Straussner, 1994). Orford (1994) suggested that the stressors associated with alcohol and drug use when living with a problem drinker are possibly among the most chronic in our society. Presumably his comments were prompted by the prevalence and long-term nature of these problems. Children and adolescents living with a problem drinker can also experience the disruption of developmental milestones. A literature search for this review revealed that many of the published studies included other family members as well as partners and sometimes did not distinguish between partners and other family members. Occasionally separate investigations were carried out for children (e.g., Barber & Crisp, 1994; Cronkite et al., 1990). Additionally, some of the research (e.g., Velleman, Bennett, Miller, Orford, Rigby, & Tod, 1993) examined misuse of more than one substance, not just alcohol. This makes it difficult to draw conclusions about partners of problem drinkers specifically or to compare the differential impact of partners who misuse various substances.

Impact of Substance Misuse on Significant Others

Since Orford's (1990) review, Cronkite et al. (1990) and Velleman et al. (1993) have also examined the impact on significant others of problem drinking and general

substance misuse, respectively. Their work is discussed here and emphasizes the difficulties faced by family members in these situations.

Cronkite et al. (1990) summarized their own body of research on problem drinkers and their families. As part of this research Moos, Finney, & Chan (1981) compared the functioning of families of remitted problem drinkers, relapsed problem drinkers, and matched community controls. After completing a treatment program problem drinkers were followed-up at six months and two years. At intake into the treatment program 113 problem drinkers (88 males, 25 females) were asked to report on their drinking levels for the previous month. Seventy five percent reported daily drinking. The mean daily consumption was more than 13 ounces of ethanol. Forty three percent of the problem drinkers had been hospitalized for their drinking at some time during the previous three years. At the two-year follow-up problem drinkers were categorized as remitted (N=55) if they fulfilled each of five criteria at both the six month and two year follow-ups. Those who did not fulfil all five criteria were categorized as relapsed (N=58). The five selection criteria for the remitted group were:

- (1) no rehospitalization for alcoholism during the follow-up interval; (2) no inability to work because of drinking during the follow-up period; (3) abstaining or consuming fewer than 5 oz of ethanol on a typical drinking day in the month prior to the follow-up; (4) quantity-frequency index (average consumption of ethanol per day) of less than 3 oz; and (5) no problems from drinking (with the exception of "family arguments") (p. 387).

The results of the comparisons at the two year follow-up revealed that families of relapsed problem drinkers "showed less cohesion, expressiveness, recreational

orientation, and organization, and more disagreement about their family climate" (Cronkite et al. 1990, p. 314) than did the other two groups. Furthermore, in comparison to the remitted group, the relapsed problem drinkers performed less household responsibilities and their partner performed more of them. Families of relapsed problem drinkers also experienced more negative life events and fewer positive life events than did those of remitted problem drinkers. The measures used by Moos et al. were comprehensive and included indices of various areas of functioning. No significant differences were found between the family functioning of male and female problem drinkers. No differentiation was made between the gender of partners of problem drinkers. However female problem drinkers accounted for only 22% of the sample. Their investigation was primarily concerned with family functioning and used stably married (mean length of marriage 22 years, 21 years and 17 years for the three groups) people who were for the most part Caucasian. Whilst the research of Moos et al. with this population appears sound, further research is needed to generalize the results to other family configurations and cultural groups. Moreover a larger percentage of families of female problem drinkers would have strengthened the conclusiveness of the findings regarding the lack of sex-differences.

Velleman, Bennett, Miller, Orford, Rigby and Tod (1993) interviewed 52 close relatives of identified problem drug users from 50 families in order to discover the consequences of the drug use for these people and also to elicit information regarding coping behavior. Their sample included 28 partners (19 female, 9 male), 19 parents (11 mothers, 8 fathers), two sisters, two brothers, and one daughter. When discussing behaviors exhibited by the problem user, high percentages of the 50 families reported

“physical violence towards themselves (50%), unpredictable behavior (42%), stealing from family members (42%), being lethargic in one way or another (either in bed; 36%, or generally; 26%), and behaving in an embarrassing way in front of others (38%)” (p. 1284). Partners reported more physical violence and unpredictable mood changes than did parents. Parents reported more lying, manipulation and self-neglect by their child than were reported by partners. Eighty-two percent of the families reported negative short-term effects such as loneliness, depression, anxiety, and feeling suicidal. Ninety-four percent reported negative effects on the relationship in the areas of sex, trust and communication. Eighty-eight percent reported negative practical consequences such as a restricted social life and financial problems. Fifty-two percent reported an increase in their own drug use as a consequence. Eighty-two percent reported long-term negative consequences to their own physical and/or mental health.

Velleman et al. (1993) also elicited information from the 50 families regarding their own coping responses. Qualitative analyses were used to extract three major themes (neglect and disruption; suspicions, worries and uncertainties; and altered feelings) and to categorize coping responses of the relatives into five groups: angry or withdrawing (72% of the 50 families); non-contentious or non-confrontative (92%); firm (80%); self-protective (72%); and a miscellaneous category (72%). Partners (94%) were reported as more likely than parents (41%) to use responses categorized as angry and withdrawn (Chi square = 8.6, $p < 0.003$).

In summarizing their research findings on the stressors and coping responses of these family members, Velleman et al. (1993) concluded that significant others of problem drug users are faced with a great deal of uncertainty in a very difficult situation.

Significant others do not simply choose a method of coping and adhere to it. Rather they try out many different coping responses and vacillate between them in an effort to discover the best way of dealing with their particular situation. Moreover, situations are also dynamic and call for shifts in responding. The interviews carried out by Velleman et al. indicated ambivalence and uncertainty in families struggling to come to terms with a drug user.

Velleman et al.'s (1993) study did not include a separate category for problem drinkers despite being a stated area of interest for their research. Nor did they include a control group or comparison sample, a point acknowledged as a design weakness. Although their study did not include problem drinkers, they argued the results still have some validity in the area of problem drinking. Indeed Velleman et al. compared their research with that being carried out in the field of alcohol use and stated that some themes, such as unpredictability, violence, and embarrassing behavior, are common to both areas. Whilst Velleman et al.'s study represents a valuable foray, further research focusing upon the relatives of problem drinkers, and including a control group, is needed in order to generalize the claims made in their preliminary study.

Theoretical Perspectives

Two main theoretical perspectives have emerged in the literature on partners of problem drinkers: the disturbed personality hypothesis and the stress/coping paradigm. The disturbed personality hypothesis proposes that partners of problem drinkers suffer from some form of psychopathology (e.g., Asher, 1992) that contributes to the development and/or maintenance of their partner's problem drinking in order to meet their own needs. Presumably if the problem drinker ceased drinking, their partner would

deteriorate. The stress/coping paradigm (e.g., Lazarus & Folkman, 1984) is derived from mainstream psychological theory (social learning theory). Partners of problem drinkers are regarded as normal people faced with chronic and demanding stressors. Coping responses to these stressors are attempts to minimize negative and maximize positive outcomes, and can draw upon psychological, social and physical resources. Coping is therefore conceptualized as a mediating variable between stressors and outcomes (McCrae, 1984; Stone & Neale, 1984). The following two sections examine each of these two theoretical perspectives in turn.

The Disturbed Personality Hypothesis

Cronkite et al. (1990) reviewed their own body of research comparing wives of community controls, relapsed, and remitted problem drinkers. A major component of this research was the study carried out by Moos et al. (1981) using the sample and methodology already described above. Husbands and wives of the three groups were required to complete a comprehensive battery of measures dealing with various areas of functioning. Cronkite et al. claimed that no evidence was found to indicate underlying personality deficits in the remitted and relapsed groups. Additionally, no evidence was found to indicate that the partners of problem drinkers were in any way damaged by the problem drinker's reduction and management of drinking. However on examining the analyses of Moos et al. (1981), the data from male and female "patients" were pooled due to the lack of significant differences. As only 22% of the sample were women it is possible that the pooled results may obscure differences between women "patients" and women in the control group. Whilst Cronkite et al.'s claims can be substantiated generally, they might not apply to women specifically.

Edwards et al. (1973) in reviewing the literature subscribing to the disturbed personality hypothesis were critical of the lack of substantiation for this hypothesis. On the basis of a more recent review, Watts, Bush and Wilson (1994) also reported that research has failed to find any evidence of personality disturbance in partners of problem drinkers.

A particular manifestation of the personality deficit hypothesis is the notion of codependency. The Alanon movement began in the 1950s in order to provide assistance to families where one or more members had a problem with drinking. The concept of codependency arose out of this movement and gained momentum through the self-help literature. During the 1970s the term 'codependence' became almost a cliché in association with partners of problem drinkers or "alcoholics" as they were then called. Indeed being a family member of a problem drinker was at times used as the definition of codependence (Hands & Dear, 1994).

The codependency model takes the view that partners of problem drinkers, believed usually to be women, are enmeshed within the "problem" behavior and contribute to its establishment and maintenance. Codependent partners presumably benefit from the problem behavior in some way. There seems to be a presumption that the codependent partner is "bad, if not mad, and at worst, diseased" (Watts et al., 1994, p. 401). Pathology then, as well as blame, is assumed in the concept of codependency. The pathology is assumed to be preexisting, causing the selection of the problem drinker as a mate (Hands & Dear, 1994). Burnett (1984) was critical of the search for pathology in partners, believing such a focus leads to confusion between the causes and effects of problem drinking.

Despite the absence of a clear definition of the construct, there seems to be a general consensus in the self-help literature as to the core characteristics of codependency. Hands and Dear (1994) outlined some of these as being the need for external validation, engaging in care-taking and rescuing behaviors, and an impaired sense of self-worth. More specifically codependency indicates an excessive reliance on others for approval, being overly dependent on others for one's own well being, and engaging in behaviors that are nurturing and that minimize the adverse consequences of the behaviors of others. Self-sacrifice, compromise and gaining self-worth through relationships with others are typical codependent behaviors.

In its defense, the idea and popularity of the codependency movement has been instrumental in giving much needed attention to partners of problem drinkers, an area formerly neglected. Moreover this attention is for the benefit of the partners themselves and is not subordinated to the treatment efforts directed at the problem drinker.

However, whilst acknowledging the positive benefits that the codependency movement has had in supporting and assisting many people, some researchers have also pointed out that codependence is poorly defined and remains to be empirically validated as a construct (Hands & Dear, 1994; Watts et al., 1994). Consequently the clinical folklore built up surrounding the concept might be ill informed and misdirected. Moreover codependency is often used as a diagnosis rather than a description of a problem (Watts et al.), especially in self-help books (e.g., Beattie, 1989). The dearth of research regarding codependency remains problematic.

Hands and Dear (1994) criticized the codependency concept on three fronts: the disturbed personality hypothesis, the assumption of homogeneity, and gender

socialization issues. In refuting the personality deficit theory, which assumes homogeneous traits and responses, Hands and Dear proposed that it is probably more appropriate to conceptualize the responses of partners of problem drinkers as being attempts to cope with a difficult situation. Indeed there is some evidence that rather than exhibiting a homogeneous set of traits indicative of a personality disorder, that partners of problem drinkers engage in a rich and heterogeneous variety of coping strategies (Gieryski & Williams, 1986). Hands and Dear stated that the coping model allows for the exploration of the resourcefulness and creativeness of the partner. Thus it has a more positive focus than the pathology of codependence.

Hands and Dear (1994) also criticized the codependency model from a feminist perspective. The core characteristics, as described above, of codependency are behaviors expected from women in our society. In essence then the codependency argument is stating that women are ill or pathological. Women are blamed for assuming the very role they were socialized into.

Early research into significant others of problem drinkers focused on women to the exclusion of men, parents, siblings and others (Watts et al., 1994). Whilst acknowledging that research has recently broadened its interest to include these other groups, Watts et al. remain critical of the search for dysfunction and pathology in family members. Rather, families are discussed in terms of doing the best they can in responding to a very difficult situation. Watts et al. propose a stress and coping perspective in which stressful situations and coping responses to these stressors are examined and evaluated.

The Stress/Coping Paradigm

Kogan and Jackson (1965) were among the first to advocate the advantages of the stress/coping paradigm as a theoretical alternative to the disturbed personality hypothesis. How people cope with various situations is the focus of interest (e.g. Aldwin & Revenson, 1987; Fleming, Baum, & Singer, 1984; Folkman, 1984; Fromme & Rivet, 1994; Kohn & O'Brien, 1997) rather than underlying personality traits. In contrast to the personality deficit concept, the stress/coping model conceptualizes the partner of a problem drinker as a normal person trying to cope with chronic stressors (Cronkite et al., 1990; Orford, 1992, 1994; Watts et al., 1994). As such, coping provides a useful and non-judgmental conceptualization of the plight of partners of problem drinkers. Evaluation of this model for partners of problem drinkers will be reviewed later when discussing methodological issues.

Popular use of the word "coping" often implies success of outcome (e.g., "he/she is coping") whereas "not coping" implies failure. However Lazarus and Folkman (1984) defined coping as a process rather than an outcome, being purely descriptive of how a person responds to a stressor. A cyclical relationship exists whereby coping influences outcomes that then influence future stressors and future coping and so forth. Coping then can be conceptualized as a mediating variable between an event and its outcome, or similarly between stress and illness (McCrae, 1984; Stone & Neale, 1984).

The transactional model of coping proposed by Susan Folkman (1984) is based on cognitive-behavioral theory in that cognitive and behavioral factors mediate between the stressor and outcome. Folkman's transactional theory explicitly incorporates person and situational factors into this cyclical pattern. *Stress* is defined as a relationship between the person and the environment that, according to the person's appraisal, places demands

that exceed his or her resources. Resources can be physical, social, psychological or material. Examples of physical resources are health, energy and stamina. Social resources refer to support systems such as the available social network, which may provide, among other things, informational and emotional help. Psychological resources include, inter alia, the individual's belief system, problem-solving abilities, and self-esteem. Equipment, tools and money are examples of material resources. *Coping* is defined by Folkman as the "cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction" (p. 843). Coping then is conceptualized as an ongoing process sensitive to the stage of an encounter as it continues to unfold.

It would seem most likely that a combination of personality factors and situational factors are influential in determining the behavior of partners of problem drinkers. As Cronkite et al. (1990) suggested, integrating both perspectives would result in a more comprehensive theoretical framework. The transactional model of coping acknowledges the interplay of personality and situational factors during the cognitive appraisal of and response to a stressor (Folkman, 1984). Furthermore a descriptive, non judgmental approach is inherent within the stress/coping paradigm. This model then shows promise in providing a theoretical framework from within which to study coping in partners of problem drinkers.

Methodological issues

As propounded by Rychtarik (1990) an effective means of measuring and assessing coping in partners of problem drinkers is essential so that systematic intervention and evaluation can take place. However the effort to develop such an

assessment instrument is plagued with difficulties. Further investigation is needed to address problems pertaining both to the general issues of measuring and assessing coping, as well as the more specific issues related to partners of problem drinkers.

Measuring and Assessing Coping

Whilst there are many inventories of coping responses (e.g., the Ways of Coping Scale, Folkman & Lazarus, 1980), there is currently no agreed upon way of measuring coping (Aldwin & Revenson, 1987). Coping measures typically consist of large numbers of items in a checklist that provide descriptions of ways of dealing with a situation. Respondents are usually required to tick which of these responses they employed in relation to a specific situation. Scoring these checklists remains problematic (McCrae, 1984).

Aldwin and Revenson (1987) cautioned that coping inventories might be incomplete, in that important coping responses might not be tapped. They used the Revised Ways of Coping Scale (Folkman & Lazarus, 1985) and obtained negative correlations between coping responses and perceived outcomes. This negative correlation might indicate that the responses chosen were simply not very effective, or might reflect a negative bias in that more positive strategies were not included in the scale and were therefore not accounted for. Aldwin and Revenson, as well as Steed (1998) have pointed out that it might be easier to identify poor coping responses and that coping research tends to focus upon what doesn't work and needs to adopt a more positive approach with the inclusion of more effective coping responses.

In her discussion of factor analysis in relation to coping scales, Steed (1998) commented that the internal consistencies within the subscales of the WCQ (Ways of

Coping Questionnaire, Folkman & Lazarus, 1985) are often only moderate and the intercorrelations between the subscales high. Selecting a coping response from one subscale might mean that other items from within that same subscale are not selected, lowering the internal consistency. Furthermore factor analytic solutions vary in response to the sample, situation and the eigenvalue criterion. Content validity is also of concern when using factor analysis to dimensionalize coping. Small numbers of items loading on each scale are unlikely to provide an exhaustive array of coping responses. Whilst content validity may not be an issue when attempting to capture latent variables such as personality and intelligence, tapping the domain is of major importance when assessing coping. Steed concluded that factor analysis is probably not the appropriate technique to use for reducing coping items into dimensions.

Steed (1998) also discussed the methodological issue of qualitative versus quantitative data collection and analysis. Whilst acknowledging the depth of statistical analysis possible by using quantitative methods, she also pointed out the resulting restrictions imposed on data collection. In particular, tapping the domain of coping responses is hampered and a pathological focus might result. Measures of coping often require responses to be selected from a given list. The list of provided responses might contain a negative bias in that a wide variety of positive responses are not included in proportion to negative responses. Qualitative methods will hopefully encourage the elicitation of more 'salutogenic' behavior strategies and thus neutralize the emphasis on maladaptive coping that Steed was critical of. Qualitative methods will also allow researchers to more fully capture the domain of coping, a domain that Steed asserts has not yet been fully identified. Other researchers (Orford, 1992,1994; Rychtarik, 1990;

Rychtarik et al., 1988; Stone & Neale, 1984) have already begun to exhort the use of qualitative approaches in measuring coping responses. In conclusion, Steed recommended that ongoing research use both methodologies (qualitative and quantitative) in various combinations in order to more fully capture the coping domain and also to build up a more comprehensive understanding of the complexity of coping behavior.

Measuring and Assessing Coping in Partners of Problem Drinkers

As well as measuring general, non alcohol specific coping, coping measures are often retrospective frequency measures (Rychtarik et al., 1988). Due to the interdependent nature of coping and drinking behavior, a respondent's score is likely to be confounded with the frequency and severity of the problem drinking. Furthermore retrospective measures are subject to distortions in recall.

Despite the inherent methodological difficulties there have been attempts to address the lack of effective coping assessment tools for use with partners of problem drinkers (e.g., Rychtarik et al., 1988; Stone & Neale, 1984). In particular some researchers (Orford, 1992; Peaslee, 1991, cited in Love et al., 1993; Rychtarik et al., 1988) have developed instruments addressing the specific area of coping with a problem drinker. Two examples are discussed here: the Spouse Situation Inventory (SSI) (Rychtarik et al., 1988) and Orford's (1992) typology of coping behavior.

The SSI (Rychtarik et al., 1988) is an attempt to overcome the problems inherent in retrospective frequency measures of coping behaviors in partners of problem drinkers. It is situation specific, not retrospective and uses actual behavioral responses as the unit of measurement. Rychtarik et al. proposed that although this instrument is in the early

stages of development, it has potential in providing an empirical base upon which future programs targeting coping skill deficits can be devised.

The SSI (Rychtarik et al., 1988) contains twelve scenarios specific to partners of problem drinkers. Role-play responses to the twelve situations are used to assess the coping effectiveness of female partners of male problem drinkers. The test administrator reads each scenario to the participant who then role-plays her response as if the administrator is her problem drinking partner.

The SSI was developed using behavior analysis in which behavioral responses to specific situations were identified, categorized and assessed for their effectiveness. This behavioral approach contrasts with traditional methods that attempt to predict behavior from the assessment of underlying personality traits.

Rychtarik (1990) gave three reasons why the behavior analytic method of developing an instrument is particularly appropriate for measuring coping skills in partners of problem drinkers. First, he pointed to the failure of traditional methods in identifying personality traits that characterize partners of problem drinkers. Secondly, there is increasing support for the notion that rather than possessing some form of psychopathology, partners of problem drinkers are "normal" people trying to cope with partners who have a problem (Orford, 1994). Thirdly, the behavior of partners of problem drinkers would seem to be variable depending upon the specific situation. In summary, Rychtarik (1990) emphasized the importance of situational influence on behavior and that this would apply every bit as much when measuring coping responses of partners of problem drinkers.

In following the behavioral analysis approach, the SSI was developed using a five-step procedure. The first step was a situational analysis of problem situations encountered by the target population. Rychtarik et al. (1988) identified twelve content areas of situations relevant to female partners of male problem drinkers (appendix). These twelve content areas were used in the construction of two parallel forms (A and B) of the SSI.

The second step attempted to generate all possible responses, or as many as possible, for each situation. Once these "solutions" had been generated, they were judged for appropriateness, and important components of the responses identified. Fourth, a scoring format was developed to measure the responses given to each situation. Lastly, the resulting instrument needed to be psychometrically evaluated with regard to reliability and validity. Rychtarik and McGillicuddy (1997) undertook preliminary psychometric testing of the SSI and obtained promising results.

Rychtarik and McGillicuddy (1997) tested 472 female partners of problem drinkers using both forms (A and B) of the SSI and analyzed the results for test/retest reliability, construct validity and generalizability. Test/retest reliability (within a period of two weeks) was .73 for form A and .72 for form B, indicating an acceptable level of reliability. Rychtarik and McGillicuddy also investigated the construct validity of the SSI. They obtained significant correlations between SSI skillfulness and the following variables: escape coping (negative relationship), Punishes Drinking (negative relationship), Supports Drinking (negative relationship), own level of alcohol consumption (negative relationship), and partner drinking days (negative relationship). Punishes Drinking and Supports Drinking are both scale scores on the revised

Significant-other Behavior Questionnaire (SBQ) (Peaslee, 1991, cited in Love, Longabaugh, Clifford, Beattie, & Peaslee, 1993). Whilst not establishing construct validity in any absolute sense, these correlations support the promise and potential of the SSI as a valid instrument in measuring the effectiveness of coping responses of partners of problem drinkers.

Rychtarik and McGillicuddy (1997) also undertook a generalizability analysis of the SSI in which they estimated the proportion of variance accounted for by Person, Rater, and Situations. They found that only 7% and 3% of the variance in forms A and B respectively were due to the situations. The data revealed a .65 generalizability coefficient for each form, indicating an acceptable level of generalizability across the 12 situations for each participant. These figures indicate that a participant's response in one situation is to some extent generalizable to the other situations. The main source of variance was attributable to the Person, which accounted for 61% and 63% of the variance in forms A and B respectively. The only other main source of variance was found in the Person x Situation interaction, accounting for 24% and 27% of the variance in forms A and B respectively. The other sources of variance were minimal. These results indicate that the major sources of variance in SSI scores are attributable to person variables (a necessary outcome for an assessment instrument differentiating among respondents), and to person variables in conjunction with the situation. The argument that situational variables interact with person variables to play an important part in the coping responses of partners of problem drinkers is supported by these findings.

Partners of problem drinkers are faced with stressors that are situation specific and yet of a chronic nature. Orford (1992) carried out exploratory and descriptive

research in an effort to discover and categorize the coping behaviors of partners of problem drinkers. The result was the creation of a typology of coping behaviors relevant to partners of problem drinkers. This typology was developed largely through open-ended interviews and family meetings. Recurring themes were coded using qualitative analysis to achieve eight types of coping. The eight coping behaviors are: Emotional, Tolerant, Inactive, Avoiding, Controlling, Confronting, Independent, and Supporting the user. A short description and some examples of each category are presented in Table 1 taken directly from Orford (1992). Whilst Orford admitted that this typology requires empirical testing, it is a promising first step in the development of an instrument for assessing coping in this particular area.

Coping Effectiveness

As there is no clear consensus on how to conceptualize and measure coping, there is also disagreement on what constitutes coping effectiveness (Aldwin & Revenson, 1987). Aldwin and Revenson delineated desirable outcomes as the extent to which a problem is resolved, prevention of future difficulties, and relief of emotional distress. They propose that many factors mediate the relationship between coping strategies and outcome. In particular they believe that the type of problem faced and the degree of stress experienced will determine to some extent the coping strategies implemented and their efficacy in dealing with the problem at hand.

Because the utilization of coping responses seems to vary in different situations, as well as simultaneously serving different functions, there might be no single way of coping that is the most effective. Stone and Neale (1984) suggested that it is probable that particular combinations of coping styles might be effective when responding to

particular problem situations. Rychtarik (1990) identified four factors which are likely to determine the variability in effectiveness of a particular coping style: (1) the situation itself, (2) the individual problem drinker, (3) the characteristics of the partner, and (4) the strength and cohesiveness of the marital bond. Rychtarik believed these four factors provide an explanation as to why a coping response might be effective for one partner of problem drinker or in one situation and not for another person or situation. It would seem then that how partners cope might depend to some extent on the severity and frequency of the problem drinking behavior (Cronkite et al., 1990; Rychtarik, 1990). It is likely that partners modify their behavior in response to the drinking behavior, as well as other factors.

A further issue related to coping effectiveness is causal directionality (Aldwin & Revenson, 1987). It is unknown at this stage whether there is a causal link between prior mental health, coping strategies and outcomes. For example, we have not yet established whether depressed people choose poorer coping strategies or whether their depression is a result of the coping mechanisms employed. Billings and Moos (1984) proposed that depressed individuals are more apt to use avoidance in relation to problem situations. Rather than directly confronting the issue, depressed people might seek more indirect ways of reducing tension. Billings and Moos' study compared depressed and non depressed people and found that problem-solving and emotion-focused (attempts at managing emotions) coping were associated with less severe depression. Emotional discharge and avoidance styles were associated with greater levels of depression. Social resources, particularly for women, were also important factors influencing functioning. However whilst Billings and Moos found an association between depression and coping

style, direction of causality is yet to be established. Aldwin and Revenson (1987) postulated the possibility of reciprocal relationships among stress, coping and mental health.

Frequency measures are not sensitive to the impact of coping responses upon outcomes (Aldwin & Revenson, 1987). How frequently a coping response is used does not indicate whether that response has been effective in alleviating or dealing with the problem situation. More coping effort is not necessarily better. Using minimal effort to achieve an adaptive outcome might be preferable to expending lots of coping effort to achieve a similar outcome. Frequency measures used alone are therefore inappropriate and need to be supplemented with information regarding stressors and outcomes.

Cronkite et al. (1990) found that poorer functioning spouses of problem drinkers used more avoidance style coping, such as withdrawal and acting out. They proposed that more active coping promoted remission in problem drinkers, whereas avoidance coping increased the likelihood of relapse. Avoidance coping was also associated with poorer mood, health and the use of more medications. However it must be pointed out that association does not infer causality and that the results obtained by Cronkite et al. do not necessarily indicate a cause and effect relationship between coping style and outcome.

Effective coping by the partner is not necessarily related to the consequent drinking behavior in the problem drinker. A partner might find ways of coping very well, despite the continued escalation of the problem drinking behavior. Nevertheless some coping behaviors are deemed to reinforce or "enable" problem drinking. Providing attention to problem drinkers on account of the drinking, care-giving, and protecting

problem drinkers from the consequences of their own actions are some examples of enabling behavior. Enabling behaviors are associated with the "Support Drinking" scale of the SBQ (Peaslee, 1991, cited in Love et al., 1993). Another scale of the SBQ is "Punish Drinking". Cronkite et al. (1990) found that punishing the drinker for the drinking behavior is also likely to increase subsequent drinking.

Demographic Factors Associated with Coping Style

In addition to the absence of a clear conceptual framework, and methodological problems, there is also a lack of data on various populations of partners of problem drinkers. Some of the variables warranting investigation are: gender, age, ethnicity, partners of problem drinkers compared to partners of non problem drinkers, treatment mode, partners who do not seek treatment compared to those who do; and duration, frequency and intensity of drinking behavior.

Most noticeably the absence of data in relation to coping in partners of problem drinkers exists in relation to sex differences. Coping research into partners of problem drinkers has focused almost solely on female partners of male problem drinkers (e.g., Asher, 1992; Burnett, 1984; Orford, 1992; Orford et al., 1975; Rychtarik et al., 1988). The coping responses of male partners of female problem drinkers or indeed of same sex couples remain unexplored.

The coping behavior of males and females might be influenced by the nature of their partner's problem drinking, as well as gender roles and other psychological, social and biological factors. In investigating the impact of problem drinking we need to be aware of issues surrounding both male and female problem drinking.

Sex differences in problem drinking

Until the mid 1990s most substance use research focused on male problem users (e.g., Burnett, 1984; James and Goldman, 1971; Orford et al., 1975; Rychtarik et al., 1988), the notable exception being the concern surrounding substance use in pregnant women (Straussner, 1994). Holmila (1994) and Straussner have both emphasized the need for more research to investigate the increasing phenomenon of women substance users. This need is great when we consider the vital role in the family that women play. The gender imbalance in the research might reflect a stereotypical belief system that problem drinking is a male problem and women are not inclined to be problem drinkers. Due to the outward, public nature of male drinking (Argeriou & Paulino, 1976; Gomberg, 1979), it is not surprising that their behavior would be more noticeable and therefore more likely to be captured by statistics. Women's problem drinking might be of a more private, secretive nature and less likely to come to the attention of treatment agencies and the legal system. Kagle (1987) and Bromet and Moos (1976) found that women tend to engage in more solitary drinking, alone at home. This would enable them to avoid the public attention that might expose them to adverse societal judgments. Indeed in comparing 392 male and female "alcoholics", Bromet and Moos found that the women were arrested less often than were the males.

Holmila, Mustonen and Rannik (1990) in examining the drinking behavior of Finnish married couples, found that the husband is more likely to drink away from home, whilst the wife is more likely to drink at home. Similarly, Gomberg (1979) and Argeriou and Paulino (1976) found that men are more likely to drink in public with their peers,

come into contact with the legal system, and lose their jobs than are women problem drinkers.

The AUDIT (Alcohol Use Disorders Identification Test), a screening instrument developed by the World Health Organization to identify hazardous, harmful and dependent drinking, was used to investigate the alcohol use of 3958 Australian women (Fleming, 1996). Other than oversampling married women, the participants were representative of the adult female population in Australia. The results indicated significant differences in alcohol use for age and marital status. Hazardous, harmful and dependent alcohol use decreased with age, with women in the 17-24 year age bracket more likely to be represented in these categories. Single, defacto and married women respectively were decreasingly likely to be hazardous, harmful or dependent drinkers. These results debunk the view that problem drinking women are more likely to be the partners of problem drinking men (e.g., McCrady, 1988). Fleming suggested that marriage could be a protective factor against problem drinking, or alternately non-problem drinking might increase the probability of finding a marriage partner. Most women in the survey had never attempted to control or cut down their drinking. Of those who had made this attempt, most did so for pregnancy or weight loss reasons. In discussing the findings of the survey, Fleming noted the female statistics for hazardous, harmful and dependent drinking were below national findings combining men and women. It therefore seems plausible to assume that the statistics are higher for men than for women.

Teesson, Hall, Lynskey, and Degenhardt (2000) discussed the findings of the National Survey of Mental Health and Wellbeing, a survey funded by the Australian Bureau of Statistics (ABS) in 1997. The survey included a representative sample of 10 641 Australian men and women. Teesson et al. did not report the proportions of male and female respondents. Men, younger men in particular, were found to be more at risk of alcohol dependence than women. Alcohol problems were found to decline with age, with more younger than older women being alcohol dependent. Likewise Banwell, O'Brien, Hamilton & Attewell (1999) on surveying 525 women from an inner-urban Australian community found that younger women were heavier drinkers than older women. They acknowledged that these results were context specific and might not generalize to other communities.

The research findings reported here seem to indicate that males are more likely than females to be problem drinkers. However, the age differences discovered might indicate a cohort effect. Comparisons need to be made between younger males and younger females in order to establish whether the gap between male and female problem drinking is closing. Moreover gender-specific measures for problem drinking are warranted. Due to biological factors related to estrogen levels (Eriksson, Fukunaga, Sarkola, Lindholm, & Ahola, 1996), body water (Ely, Hardy, Longford, & Wadsworth, 1999), gastric metabolism, body weight and body mass (Wechsler, Dowdall, Davenport & Rimm, 1995) women experience drinking problems at lower consumption levels than do men. Consequently measures of problem drinking need to be sensitive to these gender differences (Wechsler et al.).

Ricciardelli, Williams, & Kiernan (1998) proposed that a gender role conflict exists for women. Societal demands for women to engage in more masculine behaviors are in conflict with their past socialization. Ricciardelli et al. gathered data from 144 female university students in New South Wales and obtained positive relationships between Eating Restraint, Frequency of Dieting, Disinhibition (of controlled eating), and Alcohol Dependence. Ricciardelli et al. speculated that loss of control is the underlying dimension for these four scales. They also interpreted the results as support for the notion that women engage in consummatory behaviors in relation to food and alcohol in order to address their gender role conflict. Whilst this hypothesis was supported by their findings, the conclusions drawn were speculative. Further research is required to substantiate this point of view.

Child care issues are likely to present a barrier for many women in accessing services for substance abuse. Given that children can provide the primary motivating factor for many women to seek treatment, providing child care arrangements is especially important. Swift, Copeland, & Hall (1996) surveyed 267 Australian women seeking treatment for drug and alcohol issues. Alcohol was the drug of choice for 20% of this sample, whilst polydrug use was present for 10%. Of the 61% of the total sample who were mothers, 27% had sought treatment due to concerns regarding their children.

Scott-Lennox, Rose, Bohlig, & Lennox (2000) investigated the larger dropout rate (nearly 60%) for women in Illinois in substance abuse treatment programs compared with the male dropout rate. They made no mention of what the male dropout rate was. Younger women, pregnant women and women with dependent children were more likely than other women to fail to complete treatment programs for substance use. Conversely,

having no dependent children also discouraged women from initiating and completing treatment. It seems that whilst children can be the motivating force for entering treatment, they can also be the reason for non completion. A further complication emerges from the fear that asking for help may jeopardize custody of the children. Scott-Lennox et al. speculated that the reasons for non completion among younger women could include the increased likelihood of dependent children, less motivation, less support from peers, increased likelihood of substance abusing partners, and lack of readiness. Scott-Lennox et al. found that alcohol users may be more likely to complete treatment than other drug users, and drug and alcohol users.

Sex differences in coping behavior

Folkman and Lazarus (1980) speculated that men and women cope differently; men prefer instrumental coping while women prefer emotion-focused coping. However, they did not empirically test this hypothesis. In support of Folkman and Lazarus's proposal, Stone and Neale (1984) found that the men in their study "used significantly more direct action whereas women used more distraction, catharsis, seeking social support, relaxation, religion, and other types of coping" (p.898). Stone and Neale also found that women reported using more types of coping strategy than did men. A combined quantitative-qualitative method was used in which participants were required to indicate, for each of eight types of coping strategy (distraction, situation redefinition, direct action, catharsis, acceptance, seeking social support, relaxation, religion, other) whether or not they had used that type of strategy to cope with the most significant stressor of the day. If they had used a particular type, the participants were required to describe the specific strategies employed. Stone and Neale acknowledged however that

the sex-differences, although significant, were not large and might have been an artifact of the large number of problem situations examined.

Billings and Moos (1984) gathered information about the stressors, social resources and coping responses of depressed outpatients and non depressed matched community controls. Coping responses were classified as appraisal-focused, problem-focused, and emotion-focused. Appraisal-focused coping reflected efforts to understand the stressor and its consequences. Problem-focused coping was subdivided into information seeking and problem solving. Information seeking included not only information about the situation but also seeking guidance from social supports. Problem-solving involved taking direct action towards resolution of the situation. Emotion-focused coping was subdivided into affective-regulation and emotional-discharge. Affective-regulation involved managing and resolving emotions through suppression, experiencing feelings, thinking positive thoughts, and distracting oneself from negative feelings. Emotional-discharge on the other hand was defined as "verbal and behavioral expressions of unpleasant emotions and indirect efforts to reduce tension, for example, eating or smoking more" (p. 881).

Billings and Moos (1984) found that women used emotional-discharge responses more often than did men and that these responses were more associated with dysfunction in a population of adults with unipolar depression. Problem-solving and affective-regulation were associated with less severe dysfunction. Billings and Moos suggested there is evidence that women might use "less efficacious coping patterns" (p. 887) than men, and further that women are impacted more than men by social resources and environmental stressors. Even though men and women were subjected to the same

stressors they were differentially affected by them. Men were more adversely affected by “negative life events, children’s illness and spouses’ symptoms, and work stressors” (p. 887). Women were more adversely affected by “family strains and a negative home environment” (p. 887). Whilst social support was not different for men and women, women were more affected by it. The researchers interpreted these results as perhaps indicating that the salience of interpersonal relationships is not as great in attenuating stress in men as it is in women. Alternatively, it might be that men and women benefit from different sources of social support. Billings and Moos speculated that men are more sensitive to social support in the workplace. Watts, Bush and Wilson (1994) suggested that women are more involved in supportive activities and are more likely to use social support as a coping strategy than are men. They proposed the existence of a “dynamic and recursive” process between coping and support: coping elicits support and support affects coping.

Sex differences in coping with a problem drinking partner

Burnett (1984) claimed that women are more likely than men to engage in rescuing and enabling types of behaviors such as making excuses, hiding their partner’s drinking and trying to cure or control him. No empirical support was provided by Burnett to validate these assumptions.

In examining the coping behavior of partners of problem drinkers, Holmila et al. (1990) compared Finnish and Estonian married couples. They found that wives, more so than husbands, attempt to control their spouse’s drinking behavior. Holmila et al. concluded that women are more socialized to control their partner’s drinking behavior as part of their wife’s role. Society expects women to engage in this controlling behavior

and puts pressure on them to fulfil this ideology. Controlling the drinking behavior is an active process which is described as Holmila et al. as "caring work" (p. 509). This view places women as active social control agents. Holmila et al. also found that couples in which one partner tried to control the drinking behavior were more unhappy than those in which there was no attempt to control the drinking behavior. Furthermore, those couples in which the husband was the person to exert the control or where both partners attempted to control the drinking were the most problematic.

Ending the relationship is one way of coping with a problem drinking partner. Population surveys have revealed a consistent trend for women, more often than men, to instigate divorce proceedings (Australian Bureau of Statistics, 1991–1998). However it remains uncertain as to whether males or females are more likely to end their relationship with a problem drinking partner. Straussner (1994) suggested that young, independent women are probably more likely to leave their substance abusing partners than women would have been inclined to do in past generations. Straussner further speculated that those women who stay with their problem drinking partners might also be problem drinkers. McCrady (1988), in reviewing the literature on problem drinking in women, likewise claimed that female problem drinkers are more likely to have problem drinking partners. Straussner further stated it is "highly likely" (p. 396) that women problem drinkers will be deserted by their partners, leaving them with few resources to cope. From these comments it seems that Straussner believes that both men and younger, more independent women are likely to end relationships with problem drinkers. These views remain unsubstantiated however.

Burnett (1984) suggested that some women do not leave problem drinking partners because they are so economically dependent as to be unable to financially cope alone, especially in cases where there are children. She stated that husbands of problem drinkers are much more likely to leave the relationship than are wives of problem drinkers, and estimated that "nine out of ten husbands leave alcoholic wives" (p. 52). Burnett does not report where these estimates come from nor does she provide empirical evidence to support her statement that husbands of problem drinkers are more apt to leave than are wives. McCrady (1988,1990) also claimed that there are higher divorce and separation rates for female problem drinkers than for male problem drinkers, but as with Burnett she failed to provide empirical evidence for this claim. In summary, although claims have been made to indicate that male partners are more likely to leave their partners than are female partners of problem drinkers, there seems to be no evidence to substantiate this view.

In summary it would appear that both males and females are represented amongst problem drinkers, although the underlying processes, drinking behavior, and resulting symptomatology might differ. Furthermore, there appear to be gender differences in coping behavior. It is plausible to assume then that male and female partners of problem drinkers will also cope differently from each other. These differences may or may not include a greater or lesser propensity to end the relationship.

Conclusions

Rychtarik (1990) pointed to the absence of an integrated framework regarding coping in partners of problem drinkers. The purpose of this review was to assist efforts at establishing such a framework from within which to conduct clinical practice. Clinicians

should not assume pathology in partners of problem drinkers. Normalizing their experience and providing reassurance, support and guidance are likely to be more beneficial. Assessment needs to include information concerning the particular stressors facing the partner, their appraisal of these, available resources, and coping responses implemented. Both situational and personal factors should be taken into account. Coping responses need to be recorded and contextualized, and attempts made to categorize them meaningfully. Importantly this information needs to be added to an ongoing database that will continue to guide intervention and evaluation. Hopefully these procedures will result in treatment agencies attracting partners of problem drinkers representing a broad demographic profile. In particular, a database for the coping responses of both male and female partners of problem drinkers is needed. Level of distress and propensity to end the relationship could provide useful information in terms of coping.

There is much to do before a systematic integration of clinical data pertaining to partners of problem drinkers, such as that envisaged by Rychtarik (1990) can occur. Clinical practice in the area of partners of problem drinkers has been largely informed by the folklore of the codependency movement, and a rich array of clinical case studies. There is a need for a coherent empirically tested body of knowledge. The establishment of such a comprehensive database will in turn assist in developing reliable and valid assessment tools and effective interventions. A necessary first step in this endeavor is to undertake further exploratory research in order to clarify the coping responses of partners of problem drinkers.

Theoretical underpinnings of research in this area should incorporate both stable and situational factors in a non pathologized, non judgmental manner. Methodological issues of data collection and analysis need also be addressed by future research. Specifically it is recommended that traditional factor analytic techniques be discarded Steed (1998). Ongoing research using sound measurement and assessment methods should result in a clear definition of “coping”, and the development of effective coping measures. The use of both qualitative and quantitative data collection techniques will ensure a rich array of coping responses is captured, further tapping the domain of coping, as well as allowing for depth of statistical analysis.

Further investigation into the coping responses of partners of problem drinkers is warranted due to the lack of data regarding various populations. These populations need to be investigated and compared. Sex differences is an obvious area requiring closer scrutiny. Research on partners of problem drinkers to date has been overwhelmingly concerned with female partners of male problem drinkers (e.g., Asher, 1992; Burnett, 1984; Orford, 1992; Orford et al., 1975; Rychtarik et al., 1988). Little is known about the coping behavior of male partners of female problem drinkers, or of homosexual couples. Whilst services continue to direct their attention towards women, it is plausible to expect that women more so than men will access these services. Such a gender imbalance of clients could reinforce existing perceptions and practices and lead to a self-fulfilling prophecy. An investigation into gender differences would ideally result in the development of effective interventions and services for both men and women.

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Appendix

The twelve content areas identified in a situation analysis undertaken by Rychtarik, Carstensen, Alford, Schlundt, and Scott (1988). These twelve content areas were identified as being those areas in which female partners of male problem drinkers are required to cope.

- 1) partner's relapse;
- 2) partner's failure to share in household responsibilities;
- 3) breakdown in the marital relationship;
- 4) disruption of family life;
- 5) partner's drinking-related sexual dysfunction;
- 6) partner's denial of the drinking problem;
- 7) partner's drunken behaviour;
- 8) partner's physical and mental deterioration;
- 9) violent or potentially violent behaviour in the partner;
- 10) negative emotional and/or physical reactions to partner's drinking problem;
- 11) vocational disruption; and
- 12) issues arising from the partner's entering treatment.

Table 1

A Typology of Actions for Coping with a Drinking, Drug or Gambling Problem in the Family

Type of Coping	Sample Questionnaire Items
<p>1. Emotional</p> <p>Expressions of strong emotion towards User on account of the latter's use.</p>	<p>Pleaded with him about his consumption?</p> <p>Accused her of not loving you, or of letting you down?</p>
<p>2. Tolerant</p> <p>Actions that support or aid use, or which protect the user from harmful consequences of use</p>	<p>Given him money even when you thought it would be spent on drugs?</p> <p>Put yourself out for him, for example by getting him to bed or by clearing up mess after him after he has been drinking?</p>
<p>3. Inactive</p> <p>Responses indicating lack of action</p>	<p>Felt too frightened to do anything?</p> <p>Accepted the situation as a part of life that couldn't be changed?</p>
<p>4. Avoiding</p> <p>Deliberately putting distance between self and the user on account of the latter's use</p>	<p>Hid, kept out of the way, or left the room when he had been using drugs?</p> <p>Changed sleeping arrangements so as to be further apart from him?</p>
<p>5. Controlling</p> <p>Attempts to directly control use or events directly related to it.</p>	<p>Watched her every move or checked up on her or kept a close eye on her?</p>

	Tried to control his money by keeping it for him, giving him an allowance or by keeping his check book or in some other way?
6. Confronting	
Calm, open communication to the user about the relative's own position and needs	Made it quite clear to him that his drinking was causing you upset and that it had got to change?
	Made it clear that you wouldn't accept his reasons for gambling, or cover up for him?
7. Supporting the user	
Actions that directly support the user in modifying use or in pursuing alternative personal goals	Stuck up for her or stood by her when others were criticizing her?
	Tried to involve him in family activities or tried to make him feel important in the family?
8. Independent	
Actions indicating personal independence or lack of dependence on the user.	Not waited for him to join in family outings or activities, or not waited for him to give permission for you to go out?
	Sometimes put yourself first by looking after yourself or giving yourself treats?

The word "user" refers to the person whose drinking drug-taking or gambling has been identified as a problem, and the word "use" refers to that person's drinking, drug-use or gambling.

Pronouns refer to the user who can, of course, be either male or female.

RUNNING HEAD: GENDER DIFFERENCES IN COPING RESPONSES

Gender Differences in Coping Responses in Imagined Partners of Problem Drinkers

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Abstract

The current study aimed to identify sex-differences in the coping responses of partners of problem drinkers. Four scenarios commonly experienced by partners of problem drinkers were presented to 30 male and 30 female participants who were asked to imagine themselves in these situations and describe how they would respond. No significant differences were found between males and females in the level of distress reported, or the degree to which they considered ending the relationship. Coping responses were coded into categories based on Orford's (1992) coding system. Females were more likely than males to engage in independence (activities not reliant upon partner), and reassessing the relationship (weighing up the pros and cons of being in the relationship).

Gender differences in coping responses in imagined partners of problem drinkers

Since the 1980s psychological researchers have become interested in partners of problem drinkers in their own right as having a legitimate claim on psychological services, independent of the problem drinker (e.g., McCrady, 1990; Orford, 1992, 1994; Rychtarik, 1990). Whilst such a development has focused attention upon a much neglected area, the resulting literature overwhelmingly reflects one gender. Female partners of male problem drinkers have been investigated almost exclusively (e.g., Asher, 1992; Burnett, 1984; Orford et al., 1975; Rychtarik, Carstensen, Alford, Schlundt, & Scott, 1988). Little is known about male partners of female problem drinkers or homosexual pairings. It is plausible to infer that the subsequent provision of services would likewise be directed towards women. Consequently male partners of problem drinkers may be a misunderstood group who are underrepresented in treatment and support agencies. Such underrepresentation may be reflected in agency statistics that are then used to portray the problem as largely a female issue.

An empirically tested body of knowledge regarding coping in both male and female partners of problem drinkers is needed. The establishment of such a comprehensive database will in turn assist in developing psychometrically sound assessment tools and effective interventions for both genders. A necessary first step in this endeavor is to undertake exploratory and descriptive research in order to identify and compare the coping responses of both male and female partners of problem drinkers. A review of the literature suggests the presence of gender differences in coping behavior. It is plausible to assume then that male and female partners of problem drinkers will also cope differently.

Orford (1992) carried out exploratory and descriptive research in an effort to discover and categorize the coping behaviors of partners of problem drinkers. The result was the creation of a typology of coping behaviors relevant to partners of problem drinkers. This typology was developed through open-ended interviews and family meetings. Recurring themes were coded using qualitative analysis to achieve eight types of coping. Orford's eight coping behaviors are: emotional, tolerant, inactive, avoiding, controlling, confronting, independent, and supporting the user. A short description and some examples of each category are presented in Appendix A, taken directly from Orford.

Sex-differences in Coping

Folkman and Lazarus (1980) speculated that men and women cope differently, and that men prefer instrumental coping, whilst women prefer emotion-focused coping. They did not empirically test this hypothesis however. In support of Folkman and Lazarus's proposal, Stone and Neale (1984) found that the men in their study "used significantly more direct action whereas women used more distraction, catharsis, seeking social support, relaxation, religion, and other types of coping" (p.898). Stone and Neale also found that women reported using more coping styles than did men. An inventory checklist method was used in which participants were required to check all the coping responses they engaged in. Stone and Neale acknowledged however that the differences, although significant, were not large and may have been an artifact of the large number of problem situations used.

Billings and Moos (1984) found that women used emotional-discharge responses more often than men and that these responses were more associated with dysfunction in a

population of adults with unipolar depression. Problem solving and affective regulation were associated with less severe dysfunction. Billings and Moos suggested there is evidence that women may use "less efficacious coping patterns" (p. 887) than men, and furthermore that women are impacted more than men by social resources and environmental stressors. Even though men and women were subjected to the same stressors they were differentially affected by them. Men were more adversely affected by "negative life events, children's illness and spouses' symptoms, and work stressors" (p. 887). Women were more adversely affected by "family strains and a negative home environment" (p. 887). Whilst social support was not different for men and women, women were more affected by it. The researchers interpreted these results as perhaps indicating that the salience of interpersonal relationships is not as great in attenuating stress in men as it is in women. Alternatively, it may be that men and women benefit from different sources of social support. Billings and Moos suggest that men may be more sensitive to social support in the workplace. Watts, Bush and Wilson (1994) suggested that women are more involved in supportive activities and are more likely to use social support as a coping strategy than are men. They proposed the existence of a "dynamic and recursive" process between coping and support: coping elicits support and support affects coping.

Burnett (1984) stated that women are more likely to either blame themselves for their partner's drinking, resulting in chronic depression, or else direct their anger and resentment outwards towards their partner, his boss, his mother, etcetera. Burnett further claimed that women are more likely to engage in rescuing and enabling types of behaviors such as making excuses, hiding their partner's drinking and trying to cure or

control him. No empirical support was provided by Burnett to validate these assumptions.

Holmila, Mustonen & Rannik (1990) compared drinking in Finnish and Estonian married couples and found that wives “control” their husband’s drinking behavior more so than the reverse. Holmila et al. concluded that women are more socialized to “control” their partner’s drinking behavior as part of their wife’s role. Society expects women to engage in this controlling behavior and puts pressure on them to fulfil this ideology. Controlling the drinking behavior is an active process that is described as Holmila et al. as “caring work” (p. 509). This view places women as active social control agents. Holmila et al. also found that couples in which one partner tried to control the drinking behavior were more unhappy than those in which there was no attempt to control the drinking behavior. Furthermore, those couples in which the husband was the person to exert the control or where both partners attempted to control the drinking were the most problematic.

Levels of Distress

Coping with a problem drinking partner is a distressing experience (Cronkite, Finney, Nekich, & Moos, 1990; Orford, 1992; Straussner, 1994; Velleman, Bennett, Miller, Orford, Rigby, & Tod, 1993). Billings and Moos (1984) proposed that males and females are differentially affected by the same stressors and that females employ “less efficacious” coping responses. Less efficacious coping would presumably be less successful in decreasing distress. Distress is likely to be positively related to ending the relationship. However there does not seem to be any known research comparing the distress levels of male and female partners of problem drinkers. Moreover, the extent to

which distress is related to ending the relationship for male and female partners of problem drinkers is not known. Whilst the research findings cited have found differences in coping behavior between males and females, there is no reason to believe, nor any supporting evidence to indicate, that male and female partners of problem drinkers experience more or less distress than each other.

Ending the Relationship

Population surveys (Australian Bureau of Statistics, 1991-1998) have revealed a consistent trend for women, more often than men, to instigate divorce proceedings. However it remains uncertain as to whether males or females are more likely to end their relationship with a problem drinking partner. Straussner (1994) suggested that young, independent women are probably more likely to leave their substance abusing partners than women would have been inclined to do in past generations. Straussner further speculated that those women who stay with their problem drinking partners may also be problem drinkers. Conversely, Straussner claimed it is "highly likely" (p. 396) that women problem drinkers will be deserted by their partners, leaving them with few resources to cope. From these comments it seems that Straussner believes that both men and younger, more independent women are likely to end relationships with problem drinkers, however these claims remain unsubstantiated.

Burnett (1984) suggested that some women do not leave these relationships because they are so economically dependent upon their partners as to be unable to financially cope alone, especially in the case where there are children. She stated that husbands of problem drinkers are much more likely to leave the relationship than are wives of problem drinkers, stating that "Estimates suggest that nine out of ten husbands

leave alcoholic wives" (p. 52). Burnett does not report where these estimates come from nor does she provide empirical evidence to support her statement that husbands of problem drinkers are more apt to leave.

McCrary (1988), in reviewing the literature on problem drinking in women, cited empirical evidence to substantiate her claim that female problem drinkers are more likely to have problem drinking partners. However as with Burnett (1984) when discussing gender differences in "alcoholic" marriages, McCrary (1990) reported higher divorce and separation rates for female problem drinkers but failed to provide any empirical evidence as substantiation. In summary, although claims have been made to indicate that male partners are more likely to leave their partners than are female partners of problem drinkers, there seems to be scant empirical evidence to establish this view.

The Current Study

The purpose of the current study was to examine sex-differences in coping responses of partners of problem drinkers. A secondary area of interest was to obtain empirical data regarding sex-differences in distress and thoughts of ending the relationship with a problem drinking partner. The aims of the current study were to compare males and females on: 1) predicted coping responses; 2) predicted level of distress; and 3) the extent to which they believe they would be thinking about ending the relationship.

It is hypothesized that: 1) predicted coping responses will differ for males and females, and that these differences will be related to the areas of emotional discharge and regulation, social support and control; 2) males and females will predict similar levels of distress; and 3) females will be more likely to think about ending the relationship.

Method

Participants

Sixty participants, comprising 53 university students (25 males; 28 females) and 7 of their friends or partners (5 males; 2 females) were recruited through Edith Cowan University (during tutorial classes or through a volunteer sample pool) and subsequent snowballing. Two dyads were included as participants. The 30 male participants were aged between 18 and 53 years ($M = 33.2$, $SD = 10.62$), the females were aged between 22 and 63 years ($M = 35.27$; $SD = 9.65$) and the overall age range was 18 to 63 years ($M = 34.23$; $SD = 10.11$).

All participants reported being, or having been, in a relationship for at least twelve months and were thus deemed to have some practical understanding of the dynamics and issues that arise in long-term relationships. Fourteen (3 males and 11 females) (23%) participants reported that either a past or present relationship was with someone they regard as a problem drinker. These 14 participants were categorised as partners of problem drinkers (PPD) and the remaining 46 as NPPD.

It is possible that being a problem drinker oneself may impact upon coping responses when in a relationship with another problem drinker. In order to remove the possible confounding influence of this variable, participants were screened for problem drinking behavior using the Newcastle Alcohol Problem Scale (NAPS) (Rydon, 1991). The NAPS is a 19-item checklist designed to identify whether a participant has a drinking problem. Each item asks whether a specific alcohol related problem has been experienced in the past month. The NAPS is scored by summing the number of “yes” responses with a score of ten or greater on the NAPS is regarded as problematic. The

scores obtained ranged from 0 to 7, with 58 of the participants scoring between 0 and 4, and therefore no participants were excluded on the basis of problem drinking.

Measures

Participation required the completion of a questionnaire and structured interview. The Questionnaire included two sections, demographics and own alcohol use. Section one asked for participants' gender, age and whether they had ever been, or are currently, in a relationship with someone they consider was/is a problem drinker. The second section contained the NAPS which was used to screen participants for drinking problems.

The structured interview utilised four scenarios commonly experienced by partners of problem drinkers. Participants were asked to imagine themselves in these scenarios and then answer questions related to their predicted responses. The structured interview consisted of six items: three open-ended questions, two rating scales, and a final yes/no question. These six items were presented following each of the four scenarios. The three open-ended questions sought information concerning coping responses. Item 1 asked how a respondent would cope at the time of the event in order to manage his/her own stress, as well as to manage the relationship. Item 2 was similar to question one but related to coping after the scenario event had passed. Item 3 asked how a respondent would attempt to prevent the incident occurring again in the future.

Responses to these items provided qualitative data on participants' predicted coping responses.

Items 4 and 5 were 11-point scales. Item 4 required respondents to rate the level of distress they think they would feel in the situation depicted in the scenario (0 = not at all distressing, to 10 = extremely distressing). "Total level of distress" was calculated by

summing the level of distress scores across all four scenarios. On Item 5 respondents rated the extent to which they would be thinking about ending the relationship in the situation depicted in the scenario (0 = not at all, to 10 = I would definitely end the relationship). "Total ending the relationship" was calculated by summing "ending the relationship" scores across the four scenarios. Item 6 asked whether or not the respondent had ever been in the situation depicted in the scenario with responses coded as either "experienced" or "not experienced". Responses to the scenarios were summed to give a "total experience" score that ranged from 0 (not experienced in any of the scenarios) to 4 (experienced in all four scenarios).

Scenario Development

Four scenarios that depict problem situations regarding a partner's drinking were developed. In order to set a context for these scenarios I also constructed a general description of the hypothetical relationship (e.g., length of relationship) that participants were to imagine themselves in. The scenarios were based upon situations already identified by Rychtarik et al. (1988) in the development of the Spouse Situation Inventory (SSI). The SSI uses role-play responses to twelve scenarios to assess the coping effectiveness of female partners of male problem drinkers. Rychtarik et al. undertook a situational analysis of problematic situations encountered by the target population and identified twelve content areas of situations relevant to female partners of male problem drinkers. These twelve content areas were used in the construction of two parallel forms of the SSI.

The SSI was designed for female partners of problem drinkers. In developing scenarios for the current study, the SSI situations required modification in order to

represent common experiences of both male and female partners of problem drinkers.

Based on the perceived ease of such a modification, six of the twelve content areas were chosen for scenario development: (1) partner's drunken behavior, (2) negative emotional and/or physical reactions to partner's drinking problem, (3) breakdown in the marital relationship, (4) partner's failure to share in household responsibilities, (5) violent or potentially violent behavior in the partner, and (6) vocational disruption.

In order to ensure the applicability of the resulting scenarios to both males and females, the assistance of "expert informants" was sought. Fourteen counselors and/or group facilitators working from five counseling agencies in the Perth metropolitan area agreed to review the six scenarios and provide feedback for further changes. These agencies were chosen due to their high exposure to partners of problem drinkers in a therapeutic context.

The fourteen expert informants were provided with the general description of the context of the relationship, as well as the six scenarios. They rated each scenario on a 4-point scale (1 = not at all typical; 2 = not really typical; 3 = fairly typical; 4 = very typical) for their typicality as situations experienced by male partners and female partners of problem drinkers. A mean score was calculated for each gender in each of the six scenarios. Summed across all scenarios and then averaged, the scenarios were rated as being more typical for female partners ($\bar{M} = 3.32$) than male partners ($\bar{M} = 2.44$). Two scenarios (negative emotional and/or physical reactions to partner's drinking problem, and partner's failure to share in household responsibilities), which were the least typical for both males ($\bar{M} = 2$; and $\bar{M} = 2.21$ respectively) and females ($\bar{M} = 3.07$; and $\bar{M} = 2.86$ respectively) were subsequently dropped from the study.

The four remaining scenarios were reworked in an attempt to minimize the discrepancy between typicality for males and females, whilst maintaining an acceptable level of typicality for both genders. Some of the expert informants also provided general comments and suggested modifications. In reworking the scenarios, I considered the feedback provided by the initial fourteen expert informants, as well as obtaining advice from three additional expert informants who worked as counselors in two agencies that specialize in partners of problem drinkers. The reworked scenarios (see Appendix B) were labeled: “party situation” (scenario A), “communication breakdown” (scenario B), “verbal abuse” (scenario C), and “ringing the boss” (scenario D).

Procedure

Participants were provided with an information sheet briefly outlining the study, eligibility criteria and what participation would involve. The information sheet also included contact details of counseling services in Perth should a participant experience distress following their participation in the study. An opportunity to ask questions about participation was also provided. Participants were not informed of the specific aims of the study (i.e., comparing the responses of males and females). After reading the information sheet, participants provided written informed consent and independently completed sections one (demographics) and two (the NAPS) of the questionnaire.

The structured interview was then conducted with the experimenter recording the participants’ responses on the questionnaire sheets. Prior to the structured interview participants were given the verbal instruction:

Please do your best to imagine you are in the following four scenarios and be as honest in your responses as possible. Each of the scenarios is independent of the

others and they do not occur in any particular sequence. Do not assume one has already occurred when you read the next one.

The general description of the relationship context and the four scenarios were then read to each participant as they imagined themselves in the situation as the partner of a problem drinker. Following each scenario, a structured interview, using the six items outlined previously, was conducted. To counteract order effects, the scenarios were presented in counterbalanced sequences (ABCD; BADC; CDAB; DCBA). Sequential rotation through these four sequences resulted in: eight males and eight females receiving ABCD and BADC; seven males and seven females receiving CDAB and DCBA.

Following completion of the structured interview, participants were debriefed as to the specific aims of the study and were given a chance to express any concerns and to ask questions. No participant reported being distressed by the procedure.

Results

The analyses were conducted in two parts. In the first part demographic information (gender, age, partner status (PPD/NPPD), experience (4 x experienced/not experienced; total experience)) and the rating scales (4 x level of distress; total level of distress, 4 x ending the relationship; total ending the relationship) were subjected to quantitative analysis. In the second part the predicted coping responses elicited from the open-ended questions of the structured interview were content analyzed into ten coping categories and were then subjected to quantitative analysis.

Demographics and Rating Scales

Demographics. A t test comparing the ages of males ($M = 33.20$; $SD = 10.62$) and females ($M = 35.27$; $SD = 9.65$) revealed no significant difference.

Chi-square analyses comparing the frequency of PPD in males and females indicated that significantly more females (36.7%) than males (10%) were or had been partners of problem drinkers, $\chi^2 = 5.96$ (df = 1), $p = .015$.

Chi-square analyses examined the frequencies with which PPDs and NPPDs were experienced or not experienced in each scenario and in total across the scenarios. Significant differences were found between PPDs and NPPDs in communication breakdown ($\chi^2 = 15.75$ (df = 1), $p < .001$), verbal abuse ($\chi^2 = 11.11$ (df = 1), $p = .003$) and total experience ($\chi^2 = 15.91$ (df = 4), $p = .003$). In each case, PPDs were more likely than NPPDs to have experienced the scenarios. These results acted as a manipulation check and supported the typicality of the scenarios overall and in particular the scenarios related to communication breakdown and verbal abuse. It may be that the party scenario and the ringing up the boss scenario were either less typical or commonly experienced by partners of both problem drinkers and non-problem social drinkers.

Chi-square analyses examined the frequencies with which males and females were experienced or not experienced in each scenario and in total experience. The only two significant results indicated that more females than males were experienced in the communication breakdown ($\chi^2 = 6.67$ (df = 1), $p = .01$) and verbal abuse scenarios ($\chi^2 = 6.4$ (df = 1), $p = .011$).

Rating scales. Shapiro-Wilkes tests for normality using a .01 alpha level indicated that all the rating scales for level of distress, total level of distress, ending the relationship and total ending the relationship met the assumptions of normality required for parametric testing. A two way ANOVA was undertaken to examine the effects of gender and partner status (PPD/NPPD) on level of distress, total level of distress, ending

the relationship and total ending the relationship. No significant main effects or interactions were found.

Overall the quantitative analyses of the demographics and rating scales indicate that PPDs more so than NPPDs were likely to be experienced in scenario B (communication breakdown), scenario C (verbal abuse) and in total experience, supporting the typicality of the scenarios. A significant interaction between gender and partner status indicated that females were more likely than males to be PPDs. No significant main effects for gender or partner status were found for level of distress, total level of distress, ending the relationship or total ending the relationship. No significant interactions were obtained.

Predicted Coping Responses

The coping responses elicited from items 1, 2 and 3 of the structured interview were pooled together and content analyzed. The data were examined post hoc in order to ascertain any correspondence with existing coping classifications. Dimensions of coping (e.g., emotion-focused/problem-focused) based on coping theory (Folkman & Lazarus, 1980) proved unhelpful and were discarded. Further comparisons were made between the data and the coping categories used in the SBQ (Peaslee, 1991, cited in Love et al., 1993), the SSI (Rychtarik et al., 1988) and Orford's (1992) typology of coping behaviors. The data were most readily categorized using Orford's (1992) typology of coping behaviors.

Some of the data were unable to be coded into Orford's (1992) eight coping categories. Perusal of the remaining uncoded data revealed that these responses reflected two main themes: social support, and reassessing the relationship, the definitions of

which are provided in Table 1. Consequently ten coping categories (8 proposed by Orford plus a further 2 to fit the obtained data) resulted in the current study. Responses not able to be coded into these ten categories were relegated to a miscellaneous category. The miscellaneous category was rarely needed (as reported below) and has not been included in the analysis.

Some coping responses were categorized into more than one category. For example, going over to a friend's place when the partner is drinking could be categorized as both "avoiding" and "social support". This is in line with the notion that one behavior can serve more than one purpose.

Once the responses were content analyzed into the ten coping categories, each category was then registered as either being absent or present for each participant in each scenario. A subsequent count established how many males and females used or did not use a particular coping category in each scenario, as well as overall across the four scenarios. Whilst the presence or absence of responses in each category were recorded, the frequency with which each participant used a coping category was not measured.

Cross Rater Reliability. A second rater who was blind to the purpose and aims of the study independently categorized the coping responses. Rater two was instructed to use the eight categories proposed by Orford (1992), the two additional categories (reassessing the relationship, and social support) and definitions as outlined in Table 1, and if necessary a miscellaneous category for responses unable to be coded. The second rater did not use the miscellaneous category at all. Rater one used the miscellaneous category just eight times, four of those being for the same participant. In order to carry out the task of cross rating the data, the second rater was provided with Appendix A

which outlines Orford's (1992) categories, definitions and examples, as well as the information in Table 1 that provides definitions and examples for reassessing the relationship and social support.

Percentage agreement scores between raters one and two were calculated.

Agreement scores reflect the extent to which the two raters both identified a coping category as either being present or absent for a participant within a scenario. Forty agreement scores resulted: 10 categories x 4 scenarios. Barring the inclusion of one outlier (independent scenario D: 23.3%), these agreement scores ranged from 66.7% (independent, scenario A; supporting the user, scenario B) to 100% (social support, scenario D; confronting, scenario D). From the forty agreement scores, means for each scenario and each category were calculated resulting in 14 agreement scores. Agreement scores for scenarios ranged between 83% (scenario D – ringing the boss) - 87.8% (scenario C – verbal abuse). Agreement scores for the 10 categories ranged between 61.25% (Independence) – 95.4% (Social support).

Percentage agreement scores indicate how often raters agree on whether a response is present or absent. However they do not provide information about the probability of agreement occurring or the pattern of agreement/disagreement. For instance, in the inactive category for scenario A, percentage agreement between raters one and two was 90%. On 52 occasions both raters scored the response as being absent and on two occasions both raters scored the response as being present. Rater one scored the category as being absent 52 times and present eight times. Rater two scored present for 58 responses and absent for two responses. So on six occasions rater one scored present when rater two did not. It is not known whether the disagreements involved male

or female participants. A Kappa result of .37 indicated an unacceptably low correlation for inter-rater reliability in this case, even though the percentage agreement score was 90%. Indeed when Kappas were calculated for each coping category in each of the four scenarios and overall, they were often unacceptably low.

On closer examination of the scoring patterns of the two raters, it appeared that overall in the ten categories rater one was using the criteria more liberally than was rater two. This may have been an artifact of rater one having been the same person who administered the structured interview and who consequently may have had greater sensitivity to the presence of coping responses than would a blind co-rater.

Quantitative analyses. Due to the low cross rater reliabilities, the coping categories were analyzed separately for raters one and two and then compared. Results comparing males and females for the ten coping categories collapsed across all four scenarios are presented in Table 2. As can be seen from the t test results in Table 2, there was a significant difference for both raters between males and females on two coping categories, independent and reassessing the relationship. Moreover, both raters obtained the same direction in results for these two categories. Independence was greater for females ($\underline{M} = 2.5$, $\underline{SD} = 1.01$; $\underline{M} = 1.20$, $\underline{SD} = .92$) than for males ($\underline{M} = 1.87$, $\underline{SD} = 1.20$; $\underline{M} = .60$, $\underline{SD} = .72$) for both raters respectively.

Avoiding and controlling were significantly different for males and females for rater one, but not for rater two. For rater one, females ($\underline{M} = 2.77$, $\underline{SD} = .90$) were more likely to avoid than were males ($\underline{M} = 2.20$, $\underline{SD} = .85$), and males ($\underline{M} = 2.27$, $\underline{SD} = 1.08$) were more likely to control than were females ($\underline{M} = 1.67$, $\underline{SD} = 1.03$).

The inactive category showed a significant difference between males and females for rater two only, with males ($\underline{M} = .20$, $\underline{SD} = .41$) scoring higher on inactivity than females ($\underline{M} = .033$, $\underline{SD} = .18$). However Levene's test of homogeneity of variance was not met for rater two in the inactive category. An examination of rater two's inactive ratings revealed that only one female and six males had been rated as inactive, each on only one occasion (hence the means being less than 1). No person had received an inactive rating on more than one occasion. Given the low number of times this category was used by rater two, together with the Levene's statistic, this result was considered spurious.

Discussion

When asked to imagine themselves in scenarios commonly experienced by partners of problem drinkers, males and females reported no significant differences in their reported levels of distress or in the extent to which they would be thinking about ending the relationship. Females predicted they would use independence and reassessing the relationship as coping responses more often than did males. There were no significant differences between males and females in the frequency with which they reported they would use emotional coping, tolerance, inactivity, avoiding, controlling, confronting, supporting the user, or social support. Emotional, tolerance and inactive coping were reported at low levels by both males and females whereas confronting was reported by most males and females. These results indicate that males and females reported similarities in the responses they are most and least likely to use. Gender differences were most noticeable in the intermediate range.

The significant difference for reassessing the relationship indicates a tendency for females more so than males to engage in examination of the relationship within the context of the drinking behavior. No difference was found in the extent to which males and females imagining themselves as partners of problem drinkers think about ending the relationship. These findings are not consistent with the claims made by Burnett (1984) and McCrady (1990) that male partners of problem drinkers are more likely to leave the relationship than are female partners of problem drinkers. Population surveys conducted by the Australian Bureau of Statistics (1991-1998) indicate divorce proceedings are more often initiated by females than males. The relationship between thinking about ending the relationship and instigating divorce proceedings is likely a complex process not able to be captured by the methods and measures used in this study. In order to determine

who leaves relationships where there is a problem drinker, future research will need to include actual problem drinkers and their partners. Ideally a prospective study would enable comparisons to be made between couples who stay together and those who end the relationship.

The results of the current study also do not provide support for Holmila et al.'s (1990) findings that females are more likely to engage in controlling the drinking behavior than are males. Perhaps gender roles in Finland and Estonia are not generalizable to those in Australia. Alternatively what people say they will do might not be the same as what they actually do. Holmila et al. used married couples and asked them about their actual behaviors, whereas here people were asked to imagine themselves in situations that in many cases they had not experienced. As with the current study Holmila et al. did not specifically use problem drinkers, although they might have been present to some degree. The age range in the present study was quite wide (18-63 years; $M = 33.2$; $SD = 10.62$) so a cohort effect to explain the results obtained here seems unlikely. Holmila et al. did not report the age range of their sample but stipulated that the couple had been married for at least three years and that one of them was under 30 years of age. They were targeting young married couples. As well as the presence or absence of controlling behavior, to which the current study was restricted, Holmila et al. were also interested in the frequency of controlling behaviors. During an interview they posed the question, "How often does your spouse try to limit your drinking?" (p. 513). Whilst males and females might be equally likely to choose controlling behaviors rather than other coping responses, perhaps females demonstrate a higher frequency of controlling behavior. As pointed out by Rychtarik (1990) however frequency measures are likely to

be interdependent with drinking behavior. Future research exploring gender differences in controlling behavior will need to include actual problem drinkers and their partners, make comparisons between various demographic populations and use frequency measures that partial out drinking behavior.

Females in the current study were more likely than were males to engage in independent behaviors, including explicitly acknowledging the drinking behavior is not their problem and abdicating from taking responsibility for it. One rater only also found that females were more likely to avoid the problem drinker when he/she was using.

Avoiding, independence and reassessing the relationship can all be interpreted as withdrawing or distancing behaviors. Concerns regarding physical safety may contribute to the tendency to withdraw and it is likely these concerns would be more often experienced by females, as was evidenced by some of the comments made by female participants (e. g., "Just make sure I'm safe and that my children are safe as well, even if this meant going and camping up at my mum's for the night"; "If I can't leave (e. g., if I had a kid) I'd ring a friend to come around to be there and look after the kids and for protection and as proof").

Controlling behavior on the other hand is a definite approach response. It may be that women are more likely to withdraw from the situation and reflect upon it, whereas men may be more inclined to approach the situation and act upon it. This would fit with Folkman and Lazarus's (1980) belief that males are more likely than females to engage in problem-focused coping. Stone and Neale (1984) also found that males engaged in more direct action than did females. However, there were no significant differences in controlling or confronting as coping responses in the current study. Males and females

were just as likely to want to discuss the issue with their partner and express their feelings and the impact the drinking was having upon both themselves and the relationship. These confronting behaviors could be interpreted as being problem-focused and/or emotion-focused coping. It may be that whilst males and females are just as likely to engage in approach behaviors, they choose different ways of approaching. Once again safety could be a determining factor here. Approaching a dangerous situation requires a certain amount of caution. If the situation is not perceived as dangerous, this caution is likely to be absent or reduced. It might be that males are less likely to be concerned about physical danger and therefore feel more able to attempt direct problem-solving approaches, whereas females have a greater need to approach with caution and pay heed to emotional cues. The lack of significant differences in inactivity as a coping response suggests that males and females are just as actively involved in coping behavior. Their coping efforts might simply be directed in a different manner.

Interestingly, there were no gender differences in the utilization of social support as a coping response. Males and females were just as likely to report that they would use social support in response to the problem drinking scenarios presented. Contrary to the findings of Billings and Moos (1984) it seems that social support is just as salient for the men and women in this sample, at least with regard to the situations depicted in the specific scenarios used. However, as Billings and Moos also suggested, the source of social support might differ in its salience for males and females. For example, do males and females differ in inclination to derive support from professional agencies, their parents, friends, work colleagues or some other source? Source of social support was not investigated in the current study and this question will need to be examined further in

future research. Male and female partners of problem drinkers could be investigated to determine under what conditions they would seek social support, for what reasons and from whom.

Emotional coping (i.e. the expression of negative emotions towards the user) was also not significantly different between males and females. Past research (Billings & Moos, 1984; Folkman & Lazarus, 1980) has indicated that females are more likely to engage in emotion-focused coping. However emotion-focused coping cannot be clearly determined in the current study because emotional responses could have been typed into several different coping categories. A distinction was made between expressing feelings to the partner in a confrontative way (e.g., letting the partner know how the behavior is affecting them and telling the partner of their feelings) and directing negative emotions towards the partner (e.g., yelling at the partner or abusing him/her; telling the partner off). Moreover a person venting their feelings to a friend could be classified as utilizing social support, whereas channeling emotions into a distracting activity could be classified as independent coping. It seems reasonable to postulate that males and females would both use emotion-focused coping to similar degrees, as dealing with emotions might increase the effectiveness of problem-focused coping. Also there is no evidence to suggest that males and females feel more or less emotion than each other. Genders might differ in how they cope with their emotions, including the extent to which they are willing to acknowledge the presence of emotions. Although not particularly useful in attempting to delineate problem-focused and emotion-focused coping, Orford's (1992) typology of eight coping behaviors provided a good fit for the data generated by this study. With rare exceptions the responses provided by the participants could be categorized using Orford's

eight categories in addition to the two extra categories of social support and reassessing the relationship.

There are six main limitations to the current study. First, using a self-report method may have resulted in a social desirability bias, particularly when the mode of reporting was a structured interview. Even though participants were not explicitly aware that gender comparison was a specific question of interest, they may nevertheless have formulated their responses to conform to gender role expectations. Additionally they may have provided responses that reflect what they think they should do in a certain situation rather than what they would honestly do. For example, no participant reported engaging in physical violence or excessive psychological violence. Whilst it is quite possible the sample used would not actually engage in these socially undesirable responses, it is also possible they would but would not admit to doing so. Rychtarik et al. (1988) used a role-play inventory in which the participant role-played their response as if the experimenter were the problem drinker. It is unknown what effects this method has upon social desirability biases. It remains difficult to conceive of a methodology that would eliminate social desirability effects. Future studies need to use various methodologies in order to draw comparisons and build a comprehensive database.

Second, participants in the current study were not, for the most part, actually partners of problem drinkers. They were asked to imagine themselves in situations many had not experienced. The validity of the responses must likewise suffer. However it should be remembered that this study was a preliminary exploration into a relatively new field. Further research will need to replicate the current study with actual partners of

problem drinkers. However, asking participants how they have coped in specific situations in the past will raise problems related to retrospective recall.

Third, the scenarios used in the current study might not have been equally valid for males and females. Feedback from the expert informants indicated a belief that because of marked differences in the manifestation of male and female problem drinking, it is probable that male and female partners will have different experiences related to the problem drinking. There was a general feeling that situations could never be equally applicable to both sexes due to these deep seated gender differences in the drinking behavior itself. The process of scenario development attempted as much as possible to overcome this problem by having the experts rate the scenarios and also by taking into account their feedback when reworking the scenarios into their final versions. Perhaps further testing of the scenarios was warranted to ensure their typicality for both males and females. Due to time restrictions this was not possible in the present case. To what extent the ideas put forward by the experts regarding gender differences are valid is unknown and further testing is needed to determine this.

Fourth, content validity is also an area of concern. The current study used four scenarios, reduced from twelve content areas identified by Rychtarik et al (1988). Even if the twelve content areas do achieve good content validity, they were developed for female partners. Male partners may have areas of concern not captured by the four scenarios, or indeed the twelve content areas. The reduction of twelve to four was made in order to keep the structured interview to a workable length. As it was, the average duration of an interview was forty to fifty minutes. Had more scenarios been used, it is

likely that respondents would not have been able to engage in the procedure as effectively.

Fifth, there might have been problems with tapping the domain of coping responses. Steed (1998) speculated that researchers may oversample coping responses that have a negative outcome whilst comparatively neglecting coping responses that result in a more 'salutogenic' outcome. The use of open-ended questions here hopefully overcame this bias in valence by not restricting participants' choice of coping responses. However if a social desirability bias was operating, participants would be more likely to choose responses believed to be associated with positive outcomes, thus counteracting the negative effect proposed by Steed. Steed was also concerned that much research may not effectively capture the vast array of coping responses we enlist, many of which might remain outside our immediate awareness. Coping responses outside our consciousness were not included in the definition or measurement of coping used here. Once again, using an open ended questioning format hopefully prompted participants to broaden their reflections and not be restricted within preordained categories. The structured interview format was favored over a paper and pencil survey questionnaire in order to obtain richer, more in-depth responses than could be hoped for if participants were required to write their own responses. Despite the measures taken to maximize content validity it is unknown just how much of the coping domain was captured in the current study.

Although the structured interview included three open-ended questions designed to elicit coping responses, these were pooled for the purposes of content analysis. Whilst valuable information may have thus have not been utilized fully, it is believed that the use of multiple questions aided in the elicitation of richer data than would otherwise have

occurred in response to a single question. It is acknowledged however that pooling data lost information pertaining to changes over time. Comparisons were not undertaken between coping at the time of the event and afterwards. Gender differences in coping across time may exist, for example males and females may react differently in the heat of the moment and/or afterwards. Moreover no specification was provided as to exactly when "afterwards" referred to. Participants might have interpreted this time lapse differently and provided answers relating to time spans between minutes and months later. Presumably these differences in interpretation would have similarly affected the responses for males and females but this is unknown.

Finally, the lack of acceptable inter-rater reliability indicates that the categories were open to subjective interpretation. Perhaps more detailed definitions are warranted in order to increase the reliability of categorization. Additionally greater training of scorers may have enhanced inter-rater reliability. In any case, replication using actual partners of problem drinkers is clearly necessary.

The current study was a preliminary effort in investigating the coping responses of both male and female partners of problem drinkers. Future research in this area, using actual rather than imagined partners, is needed in order to build a comprehensive database of coping behavior in partners of problem drinkers. Such an endeavor will provide the foundation for a framework of systematic measurement, assessment, intervention and evaluation of coping skills in this important clinical area. Extending clinical knowledge on the coping responses of male and female partners of problem drinkers will ultimately assist with providing effective interventions for both genders.

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Appendix A

A Typology of Actions for Coping with a Drinking, Drug or Gambling Problem in the
Family (as per Orford, 1992).

Type of coping.	Definition.
Emotional	Expressions of strong emotion towards the user about his or her use (e. g., accused him/her of not loving you, or of letting you down).
Tolerant.	Actions that support or aid use, or which protect the user from harmful consequences of use (e. g., giving him or her money even when you thought it would be spent on drugs, clearing up mess after he or she has been drinking).
Inactive	Responses indicating a lack of action (e. g., felt too frightened to do anything, accepted the situation as a part of life that couldn't be changed).
Avoiding.	Deliberately putting distance between oneself and the user, on account of the latter's use (e. g., hid, kept out of the way, or left the room when he or she had been using).
Controlling.	Attempts to directly control substance use or events directly related to it (e. g., tried to control his/her access to money).

Confronting.	Calm, open communication to the user about the relative's own position and needs (e. g., made it quite clear that his or her drinking was causing you to become upset and that it needed to change).
Supporting the user.	Actions that directly support the user when others were criticising him or her (e. g., stuck up for or stood by him/her, tried to involve him/her in family activities or tried to make him/her feel important in the family).
Independent.	Actions indicating personal independence or lack of dependence on the user (e. g., not waited for him or her to join in family outings or activities, or not waited for him or her to give permission for you to go out).

Note. These definitions have been taken directly from Orford (1992). The word "user" refers to the person whose drinking drug-taking or gambling has been identified as a problem, and the word "use" refers to that person's drinking, drug-use or gambling.

Pronouns refer to the user who can, of course, be either male or female.

Appendix B

Background information and four scenarios reflecting situations commonly experienced by both male and female partners of problem drinkers.

Background information

You and your partner started going out about two years ago and have now been living together for one year. Whilst your partner has always been a heavy drinker, you have noticed that over the past six months his/her drinking has increased noticeably. You care about your partner deeply and are still very much in love with him/her.

Scenario A (party situation)

You have been invited out to a small party at a friend's house. At this party your partner becomes quite drunk and makes comments that embarrass some of your friends and makes them feel uncomfortable. Your partner also begins to make sexual innuendoes towards one of your friends.

Scenario B (communication breakdown)

You have noticed that lately you and your partner have stopped communicating. After dinner he/she habitually sits in front of the television and drinks until bedtime, or else goes out to drink. When your partner is drinking it is very difficult to engage in conversation with him/her, or at least any sensible conversation. This has become the norm lately and there are very few evenings when you and your partner talk properly with each other, without arguing.

Scenario C (verbal abuse)

When your partner gets drunk he/she sometimes turns nasty and argumentative. Over the last few weeks he/she has become quite personally insulting about two or three times per week. Your partner says nasty things about your family, about your looks and about your competency, both sexually and otherwise. He/she is never like this when not drunk and even when drunk is usually in party mode, but lately he/she is becoming more bad tempered when he/she has been drinking.

Scenario D (ringing the boss)

Your partner is hung over and doesn't want to go to work. He/she asks you to ring the boss and report that your partner is sick with the flu. Your partner has done this two or three times in the past month and you expect their boss will start to notice how much time off he/she is having.

Table 1

Definitions of Two Additional Categories for Social Support and Reassessing theRelationship

Category	Definition
Social support	<p>Seeking out social support for yourself (not necessarily to talk about the problem) and/or your partner.</p> <p>For example: talking to family and friends; going to counseling by yourself or with your partner; encouraging your partner to go to counseling; talking to others about your situation; contacting a drug or alcohol agency to seek information and support for yourself; talking to your partner's friends or family in order to seek information.</p>
Reassessing the relationship	<p>Any reference to rethinking the pros and cons of being in the relationship or taking action to end the relationship.</p> <p>For example: reflecting on whether your needs are being met in the relationship; thinking about leaving the relationship (e.g., "if they do it again or if it continues I would think about leaving"); actually ending the relationship.</p>

Table 2.

t-test Results for Raters 1 and 2, Collapsed Across all Four Scenarios, Comparing Males and Females on the Presence and Absence of Ten Coping Categories.

Coping Category	Rater 1			Rater 2		
	t	eta2	p	t	eta2	p
Emotional	.09	.002	.71	.14	.002	.71
Tolerant	1.65	.028	.20	1.94	.032	.17
Inactive	1.23	.021	.27	4.19*	.067	.045
Avoiding	6.33*	.098	.015	.177	.003	.68
Controlling	4.85*	.077	.032	1.22	.021	.27
Confronting	.827	.014	.37	.023	.000	.88
Supporting the user	1.36	.023	.25	2.82	.046	.1
Independent	4.92*	.078	.031	7.83**	.119	.007
Social support	1.97	.033	.17	.758	.013	.39
Reassessing the relationship	4.78*	.076	.033	4.76*	.076	.033

* $p < .05$, ** $p < .01$

df(1,59)

Appendix A
Information sheet for Participants
(scenario development)

Thank you for offering to help me out with my research study. My name is Patricia O'Brien. I am currently studying for my Masters in forensic psychology at Edith Cowan University. As part of my course, I am required to undertake a research study. This study has been approved by the Ethics Committee of Edith Cowan University's School of Psychology.

I am interested in finding out about the coping responses of partners of problem drinkers. Specifically, I would like to investigate gender differences in these coping responses. To date, most of the relevant research has examined the coping responses of female partners of male problem drinkers. We have yet to establish whether male partners of female problem drinkers (or indeed partners in same sex pairings) respond in a similar fashion.

My research design will involve presenting people with vignettes and asking them questions. In order to ensure these vignettes are scenarios commonly experienced by partners of problem drinkers, I would like people who have specialist knowledge in the area to rate them for their typicality. This pilot study will require you to read some background information followed by four short scenarios. You will then be asked to rate the background history and each scenario on a scale of 1-5 for each gender. This should take about 5 minutes to do.

If you would like to discuss this research further or would like to find out about the results, you can contact either myself (9400 5022) or my supervisor, Greg Dear (9400 5052), whose contact details I have included below. I hope to complete the study by November 1999.

Thank you. Please keep this information sheet for your own reference.

Patricia O'Brien

Patricia O'Brien
Phone: [REDACTED]
9400 5022 (university)

Greg Dear (lecturer & supervisor)
Edith Cowan University
Joondalup Drive
Joondalup 6027
Phone: 9400 5052

Appendix B
Consent Form
(scenario development)

I _____ have frequent contact with partners of problem drinkers and consent to participating in this pilot study, knowing that it is intended the study will be published but that no participant will be identified.

Patricia O'Brien

Phone: [REDACTED]
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Greg Dear (lecturer & supervisor)
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Appendix C
Questionnaire
(scenario development)

PILOT STUDY
(partners of problem drinkers)

Background information

You and Jane started going out about two years ago and have now been married for one year. Whilst Jane has always been a heavy drinker, you have noticed that over the past six months her drinking has become particularly heavy. Also, Jane's drinking behaviour has begun to create problems. She often gets drunk when you go out with family or friends, she has virtually stopped helping out around the house due to being drunk or hung over, and on occasions has withdrawn substantial amounts of money from your joint bank account to spend on alcohol. You care about Jane deeply and are still very much in love with her.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

The following 6 vignettes are based upon the above background information and present 6 specific scenarios involving Jane and her partner. Please rate them on the scales provided.

Scenario one (partner's drunken behaviour)

You have been invited out to a social barbeque by some friends. At the barbeque, Jane gets very drunk and becomes quite loud, making embarrassing comments and causing some of your friends to feel uncomfortable. You also are embarrassed by Jane's behaviour.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario two (negative emotional &/or physical reactions to partner's drinking problem)

One evening you go to bed fairly early, as you have an early start the next morning. When you went to bed, Jane was still watching television and having a drink. At about 3am you get up to go to the bathroom. As you pass the living room, you see that the light and the television are still on and that Jane has fallen asleep on the sofa. The room is a mess, with cans of empty beer and unfinished food lying about. Some wine has been spilt onto your new rug and the room stinks of alcohol. This is not the first time this has happened. At first it rarely occurred, but is becoming more frequent. In fact, it is the third time in the past week.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario three (breakdown in the marital relationship)

You have noticed lately that you and Jane have stopped communicating. After dinner she habitually sits in front of the television and drinks until bedtime, or else she goes out to drink. When she is drinking it is very difficult to engage in conversation with her, or at least any sensible conversation. This has become the norm and there are very few evenings when you and Jane talk properly with each other.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario four (partner's failure to share in household responsibilities)

You and Jane usually share the household tasks, but lately she hasn't been doing the things you agreed upon. One evening you had some friends over for dinner. They stayed late and the next day there was a big mess to clean up. The cooking pots and dinner plates needed to be washed. Before the dinner, Jane had promised that she would clean up the next day and also agreed that it was her turn to cook the following evening. You arrive home late from work/uni to discover the house is in the same mess as when you left this morning. No dinner has been prepared and Jane is sitting in front of the television drinking cask wine.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario five (violent or potentially violent behaviour in the partner)

When Jane gets drunk she sometimes turns nasty and starts insulting you. For example, over the last few weeks she has become quite personally insulting about two or three times a week. She says nasty things about your family, about your looks and about your competency, both sexually and otherwise. For example she has accused you of being "a loser", "good for nothing" "Mummy's boy", "ugly", "nag", "selfish bastard", "sleaze bag", and "pathetic in bed". Sometimes you have even thought that she might strike out and hit you, although this has not yet occurred.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario six (vocational disruption)

Jane is hung over and doesn't think she can make it to work. She asks you to ring her boss and report that she is sick with the flu. Lately she has been taking quite a bit of sick leave due to her drinking.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **male partners of female problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Background information

You and Rob started going out about two years ago and have now been married for one year. Whilst Rob has always been a heavy drinker, you have noticed that over the past six months his drinking has become particularly heavy. Also, Rob's drinking behaviour has begun to create problems. He often gets drunk when you go out with family or friends, he has virtually stopped helping out around the house due to being drunk or hung over, and on occasions has withdrawn substantial amounts of money from your joint bank account to spend on alcohol. You care about Rob deeply and are still very much in love with him.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

The following 6 vignettes are based upon the above background information and present 6 specific scenarios involving Rob and his partner. Please rate them on the scales provided.

Scenario one (partner's drunken behaviour)

You have been invited out to a social barbeque by some friends. At the barbeque, Rob gets very drunk and becomes quite loud, making embarrassing comments and causing some of your friends to feel uncomfortable. You also are embarrassed by Rob's behaviour.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario two (negative emotional &/or physical reactions to partner's drinking problem)

One evening you go to bed fairly early, as you have an early start the next morning. When you went to bed, Rob was still watching television and having a drink. At about 3am you get up to go to the bathroom. As you pass the living room, you see that the light and the television are still on and that Rob has fallen asleep on the sofa. The room is a mess, with cans of empty beer and unfinished food lying about. Some wine has been spilt onto your new rug and the room stinks of alcohol. This is not the first time this has happened. At first it rarely occurred, but is becoming more frequent. In fact, it is the third time in the past week.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario three (breakdown in the marital relationship)

You have noticed lately that you and Rob have stopped communicating. After dinner he habitually sits in front of the television and drinks until bedtime, or else he goes out drinking. When he is drinking it is very difficult to engage in conversation with him, or at least any sensible conversation. This has become the norm and there are very few evenings when you and Rob talk properly with each other.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario four (partner's failure to share in household responsibilities)

You and Rob usually share the household tasks, but lately he hasn't been doing the things you agreed upon. One evening you had some friends over for dinner. They stayed late and the next day there was a big mess to clean up. The cooking pots and dinner plates needed to be washed. Before the dinner, Rob had promised that he would clean up the next day and also agreed that it was his turn to cook the following evening. You arrive home late from work/uni to discover the house is in the same mess as when you left this morning. No dinner has been prepared and Rob is sitting in front of the television drinking cask wine.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario five (violent or potentially violent behaviour in the partner)

When Rob gets drunk he sometimes turns nasty and starts insulting you. For example, over the last few weeks he has become quite personally insulting about two or three times a week. He says nasty things about your family, about your looks and about your competency, both sexually and otherwise. For example he has called you: "a loser", "good for nothing" "neurotic", "ugly", "nag", "bitch", and "pathetic in bed". Sometimes you have even thought that he might strike out and hit you, although this has not yet occurred.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Scenario six (vocational disruption)

Rob is hung over and doesn't think he can make it to work. He asks you to ring his boss and report that he is sick with the flu. Lately he has been taking quite a bit of sick leave due to his drinking.

In your experience working with partners of problem drinkers how typical is this scenario of one experienced by **female partners of male problem drinkers** (circle the appropriate number):

1	2	3	4
Not at all typical	not really typical	fairly typical	very typical

Do you have suggestions as to how I can modify these scenarios to make them more typical for **both** men and women? If so, please explain:

[illegible]

Appendix D
Information sheet for Participants
(main study)

Thank you for offering to help me out with my research study. My name is Patricia O'Brien. I am currently studying for my Masters in forensic psychology at Edith Cowan University. As part of my course, I am required to undertake a research study. This study has been approved by the Ethics Committee of Edith Cowan University's School of Psychology.

I am interested in finding out about how partners of problem drinkers cope. As a participant in the study, you will be asked to **imagine** yourself as a partner of a problem drinker in certain situations. You will then be asked how you would respond in these situations. Your responses will be tape recorded to enable me to gather as much information as possible. These tape recordings will only be listened to by people involved in rating your answers and will be erased as soon as the study is completed. The interview takes about ½ hour to complete and also requires you to answer questions about your own drinking behaviour and to report whether or not you have ever had a partner who you considered had a problem with drinking.

Please be assured that should you wish to participate, you may withdraw from the study at any time. Your responses will remain anonymous and no identifying information will be asked for. If you would like to discuss this research further or would like to find out about the results, you can contact either myself (9400 5022) or my supervisor, Greg Dear (9400 5052), whose contact details I have included below. I hope to complete the study by November 1999.

If at any time, either during or after participating in the interview, you experience distress related to the information discussed and feel the necessity of obtaining professional support, I have included the contact details of some relevant agencies on this sheet.

Thank you. Please keep this information sheet for your own reference.

Patricia O'Brien

Alcohol and Drug Authority	9370 0333 (Mt Lawley)
Kinway Counselling (Anglicare)	9321 5801 (West Perth)
	1800 812 511 (telephone counselling)
Relationships Australia	9470 5109 (East Victoria Park)
	9301 2000 (Joondalup)
	9336 2144 (Fremantle)
	9250 1242 (Midland)
	9470 5109 (Mirrabooka)
Holyoake	9328 9733 (Perth)
Centrecare	9325 6644 (Perth)
	9440 0400 (Mirrabooka)

Patricia O'Brien	Greg Dear (lecturer & supervisor)
Phone: 9400 5022 (university)	Psychology Department
0413 381 348 (mobile)	Edith Cowan University, Joondalup 6027
	Phone: 9400 5052

Appendix E

Consent Form (main study)

If you would like to participate in the research study about partners of problem drinkers, please provide your consent by signing below.

I _____ (date: _____) have read and understood the "Information for Participants" sheet, and fulfil the criterion of having been in a relationship for at least 12 months. Further, I consent to participate in this study, knowing that it is intended that the study will be published but that no participant will be identified.

Appendix F

Questionnaire (main study)

Section one

I am:

(please circle the correct response)

male

female

My age in years is: _____

Have you ever been, or continue to be, in a relationship with someone you consider was/is a problem drinker? (please circle the correct response).

yes

no

Section two

Do you drink alcohol?

(circle the correct response)

yes

no

If you circled yes, complete the remainder of section two. If you circled no, please skip the rest of section two and turn to section three (the structured interview).

PLEASE READ CAREFULLY

Many people experience life problems which can be made worse by alcohol. Some feelings or situations may be made worse by a person's own use of alcohol has on them. This survey is concerned with the effect your own drinking has had on your life, over the past month.

REMEMBER

When we ask about drinking we mean drinks containing alcohol.

The following questions will ask you to circle a number to show how often things have happened over the past month.

FOR EXAMPLE

Over the past MONTH,
my own DRINKING:

Added to me having a restless
night's sleep.

Yes

No

A circle around "yes" means that DRINKING often added to this person having a restless night's sleep over the past month.

Please now proceed with the following questions.

**A. Over the past MONTH,
my own DRINKING:**

1.	Added to me worrying about the future.	Yes	No
2.	Added to me feeling nervous.	Yes	No
3.	Added to me feeling angry.	Yes	No
4.	Added to me feeling emotionally upset	Yes	No
5.	Added to me feeling concerned about someone close to me.	Yes	No

**B. Over the past MONTH
my own DRINKING:**

1.	Added to myself and someone close putting off doing things together.	Yes	No
2.	Added to myself and someone close becoming annoyed with each other.	Yes	No
3.	Added to myself and someone close arguing over past disagreements.	Yes	No
4.	Added to myself and someone close criticising one another.	Yes	No
5.	Added to myself and someone close keeping out of each other's way.	Yes	No
6.	Added to myself and someone close using threats.	Yes	No

(section C relates to children and has been omitted)

Drinking may cause short term difficulties with work. By work we mean you USUAL OCCUPATION whether it be paid or voluntary work, home-duties or study.

**D. Over the past MONTH,
my own DRINKING:**

- | | | | |
|----|--|-----|----|
| 1. | Added to me not paying attention to details while working. | Yes | No |
| 2. | Added to me having difficulty concentrating on work. | Yes | No |
| 3. | Added to me making mistakes while working. | Yes | No |
| 4. | Added to me not getting much work done. | Yes | No |

**E. Over the past MONTH
my own DRINKING:**

- | | | | |
|----|---|-----|----|
| 1. | Added to me having disagreements about how money should be spent. | Yes | No |
| 2. | Added to me being unable to save. | Yes | No |
| 3. | Added to me having difficulty making money last from one pay to the next. | Yes | No |
| 4. | Added to me not having enough money to meet the cost of household needs. | Yes | No |
-

SECTION THREE (Interview)

Please do your best to imagine you are in the following four scenarios and be as honest in your responses as possible. Each of the scenarios is independent of the others and they do not occur in any particular sequence. Do not assume one has already occurred when you read the next one.

You and your partner started going out about two years ago and have now been living together for one year. Whilst your partner has always been a heavy drinker, you have noticed that over the past six months his/her drinking has increased noticeably. You care about your partner deeply and are still very much in love with him/her.

Scenario A

You have been invited out to a small party at a friend's house. At this party your partner becomes quite drunk and makes comments that embarrass some of your friends and makes them feel uncomfortable. Your partner also begins to make sexual innuendoes towards one of your friends.

1. What would you do and say in this situation whilst it is occurring
 - a) to make it less stressful for you?

- b) to manage the relationship with your partner?

2. What would you do and say afterwards
a) to make it less stressful for you?

[illegible]

b) to manage the relationship?

[illegible]

3. How would you attempt to prevent this situation from occurring again?

[illegible]

4. How distressing would you find this situation? (circle the number)

0 1 2 3 4 5 6 7 8 9 10

not
at all
distressing

extremely
distressing

5. To what extent would you be thinking about ending the relationship? (circle the number)

0 1 2 3 4 5 6 7 8 9 10

not
at
all

I would definitely
end the
relationship

6. Have you ever been in this situation (as presented in the scenario)?
(circle the correct response)

yes
Scenario B

no

You have noticed that lately you and your partner have stopped communicating. After dinner he/she habitually sits in front of the television and drinks until bedtime, or else goes out to drink. When your partner is drinking it is very difficult to engage in conversation with him/her, or at least any sensible conversation. This has become the norm lately and there are very few evenings when you and your partner talk properly with each other, without arguing.

1. What would you do and say in this situation whilst it is occurring
a) to make it less stressful for you?

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

b) to manage the relationship?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

3. How would you attempt to prevent this situation from occurring again?

[illegible]

4. How distressing would you find this situation? (circle the number)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**not
at all
distressing**

**extremely
distressing**

5. To what extent would you be thinking about ending the relationship?
(circle the number)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**not
at
all**

**I would definitely
end the
relationship**

6. Have you ever been in this situation (as presented in the scenario)?
(circle the correct response)

yes

no

Scenario C

When your partner gets drunk he/she sometimes turns nasty and argumentative. Over the last few weeks he/she has become quite personally insulting about two or three times per week. Your partner says nasty things about your family, about your looks and about your competency, both sexually and otherwise. He/she is never like this when not drunk and even when drunk is usually in party mode, but lately he/she is becoming more bad tempered when he/she has been drinking.

1. What would you do and say in this situation whilst it is occurring
 - a) to make it less stressful for you?

- b) to manage the relationship with your partner?

2. What would you do and say afterwards

a) to make it less stressful for you?

[illegible]

b) to manage the relationship?

[illegible]

3. How would you attempt to prevent this situation from occurring again?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. How distressing would you find this situation? (circle the number)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**not
at all
distressing**

**extremely
distressing**

5. To what extent would you be thinking about ending the relationship?
(circle the number)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

not
at
all

**I would definitely
end the
relationship**

6. Have you ever been in this situation (as presented in the scenario)?
(circle the correct response)

yes

no

Your partner is hung over and doesn't want to go to work. He/she asks you to ring the boss and report that your partner is sick with the flu. Your partner has done this 2 or 3 times in the past month and you expect their boss will start to notice how much time off he/she is having.

- [illegible]

1. What is the main purpose of the document?
2. What are the key findings of the study?
3. What are the limitations of the study?
4. What are the implications of the study?
5. What are the conclusions of the study?

2. What would you do and say afterwards
a) to make it less stressful for you?

[illegible]

b) to manage the relationship?

[illegible]

3. How would you attempt to prevent this situation from occurring again?

[illegible]

4. How distressing would you find this situation? (circle the number)

0 1 2 3 4 5 6 7 8 9 10

**not
at all
distressing**

**extremely
distressing**

5. To what extent would you be thinking about ending the relationship? (circle the number)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

not
at
all.

**I would definitely
end the
relationship**

6. Have you ever been in this situation (as presented in the scenario)?
(circle the correct response)

yes

no